

STATE OF MICHIGAN
IN THE SUPREME COURT

WILLIE GRIFFIN,

Plaintiff-Appellant,

v

TRUMBULL INSURANCE COMPANY,

Defendant-Appellee,

and

THE MICHIGAN ASSIGNED CLAIMS PLAN,
ALLSTATE INSURANCE COMPANY, ESURANCE
PROPERTY AND CASUALTY INSURANCE COMPANY,
JOHN DOE INSURANCE COMPANY,

Defendants.

Supreme Court 162419

Court of Appeals No. 344272

Lower Court No. 17-006082-NF

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**DEFENDANT-APPELLEE TRUMBULL INSURANCE COMPANY'S
APPENDIX**

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REGISTER OF ACTIONS

CASE NO. 17-006082-NF

PARTY INFORMATION

Attorneys

Defendant JOHN DOE INSURANCE COMPANY

Plaintiff Griffin, Willie

Jason P. Kief
Retained
(248) 200-0169(W)

EVENTS & ORDERS OF THE COURT

OTHER EVENTS AND HEARINGS

- 04/21/2017 [Complaint, Filed](#)
- 04/21/2017 [Service Review Scheduled](#)
- 04/21/2017 [Status Conference Scheduled](#)
- 04/21/2017 [Case Filing Fee - Paid](#)
- 05/25/2017 [Notice of Hearing, Filed](#)
- 05/25/2017 [Motion to Intervene, Filed](#)
- 05/25/2017 [Proof of Service, Filed](#)
- 05/26/2017 [Praecipe, Filed](#) (Judicial Officer: Hubbard, Susan L.)
- 05/26/2017 [Answer to Motion, Filed](#)
- 05/31/2017 [Notice of Hearing, Filed](#)
- 06/30/2017 [CANCELED Motion Hearing \(9:00 AM\) \(Judicial Officer Hubbard, Susan L.\)](#)
Dismiss Hearing or Injunction
06/09/2017 Reset by Court to 06/30/2017
- 07/03/2017 [Service of Complaint, filed](#)
- 07/13/2017 [Appearance of Attorney, Filed](#)
- 07/18/2017 [Answer to Complaint-with Jury Demand, Filed](#)
- 07/18/2017 [Request for Admissions, Filed](#)
- 07/25/2017 [Answer to Complaint, Filed](#)
- 07/25/2017 [Request for Admissions, Filed](#)
- 07/25/2017 [Request to Produce, Filed](#)
- 07/25/2017 [Interrogatories, Filed](#)
- 07/27/2017 [Answer to Complaint-with Jury Demand, Filed](#)
- 07/27/2017 [Answer to Complaint, Filed](#)
- 07/28/2017 [Status Conference \(8:00 AM\) \(Judicial Officer Hubbard, Susan L.\)](#)
07/19/2017 Reset by Court to 07/24/2017
07/21/2017 Reset by Court to 07/19/2017
07/24/2017 Reset by Court to 07/28/2017
Result: Held
- 07/28/2017 [Status Conference Scheduling Order, Signed and Filed](#)
- 07/31/2017 [Settlement Conference Scheduled](#)
- 08/09/2017 [Notice of Taking Deposition, Filed](#)
- 08/09/2017 [Interrogatories, Filed](#)
- 08/09/2017 [Request to Produce, Filed](#)
- 08/09/2017 [Request for Admissions, Filed](#)
- 08/09/2017 [Request for Admissions, Filed](#)
- 08/09/2017 [Request for Admissions, Filed](#)
- 08/09/2017 [Request for Admissions, Filed](#)
- 08/09/2017 [Request for Admissions, Filed](#)
- 08/09/2017 [Proof of Service, Filed](#)
- 08/15/2017 [Answer to Request, Filed](#)
- 08/15/2017 [Answer to Request, Filed](#)
- 08/15/2017 [Answer to Request, Filed](#)
- 08/18/2017 [Witness List, Filed](#)
- 08/22/2017 [Request for Admissions, Filed](#)
- 08/23/2017 [Request for Admissions, Filed](#)
- 08/25/2017 [Proof of Subpoena Served, Filed](#)
- 08/31/2017 [Response to Request for Admissions, Filed](#)
- 08/31/2017 [Motion for Summary Judgment/Disposition, Filed](#)
- 09/05/2017 [Request for Admissions, Filed](#)
- 09/05/2017 [Answer to Request, Filed](#)
- 09/06/2017 [Praecipe, Filed](#) (Judicial Officer: Hubbard, Susan L.)
- 09/07/2017 [Notice of Hearing, Filed](#)

RECEIVED by MSC 10/18/2021 10:30:16 AM

09/12/2017 Order for Miscellaneous Action, Signed and Filed
 09/15/2017 Answer to Request, Filed
 09/22/2017 Notice of Taking Deposition, Filed
 09/25/2017 Party Final - Order Dismissing Party, Signed and Filed
 09/27/2017 Miscellaneous Pleadings, Filed
 09/27/2017 Notice of Taking Deposition, Filed
 09/27/2017 Notice of Taking Deposition, Filed
 09/27/2017 Response to Request for Admissions, Filed
 10/05/2017 Answer to Interrogatories, Filed
 10/12/2017 CANCELED Motion Hearing (9:30 AM) (Judicial Officer Hubbard, Susan L.)
 Dismiss Hearing or Injunction
 10/13/2017 Witness List, Filed
 10/18/2017 Party Final - Order Dismissing Party, Signed and Filed
 10/23/2017 Answer to Request, Filed
 10/23/2017 Witness List, Filed
 10/26/2017 Notice of Taking Deposition, Filed
 11/09/2017 Motion to Compel Action, Filed
 11/13/2017 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 11/14/2017 Motion for Summary Judgment/Disposition, Filed
 11/17/2017 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 11/20/2017 Order for Miscellaneous Action, Signed and Filed
 12/01/2017 CANCELED Motion Hearing (9:00 AM) (Judicial Officer Hubbard, Susan L.)
 Dismiss Hearing or Injunction
 12/01/2017 Order Adjourning Mediation and Settlement Conference, S/F
 12/04/2017 Motion for Discovery, Filed
 12/04/2017 Notice of Hearing, Filed
 12/04/2017 Motion for Summary Judgment/Disposition, Filed
 12/04/2017 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 12/06/2017 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 12/06/2017 Notice of Hearing, Filed
 12/06/2017 Order for Miscellaneous Action, Signed and Filed
 12/07/2017 Notice of Hearing, Filed
 12/15/2017 CANCELED Motion Hearing (9:00 AM) (Judicial Officer Hubbard, Susan L.)
 Dismiss Non-Appearance
 12/18/2017 Answer to Motion, Filed
 12/28/2017 Witness List, Filed
 12/28/2017 Witness List, Filed
 01/05/2018 Notice of Taking Deposition, Filed
 01/08/2018 Answer to Motion, Filed
 01/08/2018 Answer to Motion, Filed
 01/08/2018 Interrogatories, Filed
 01/08/2018 Interrogatories, Filed
 01/11/2018 Notice of Hearing, Filed
 01/12/2018 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 01/16/2018 Reply to Brief, Filed
 01/16/2018 Objection, Filed
 01/17/2018 Motion to Compel Action, Filed
 01/17/2018 Notice of Hearing, Filed
 01/19/2018 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 01/22/2018 Answer to Motion, Filed
 01/25/2018 CANCELED Motion Hearing (9:30 AM) (Judicial Officer Hubbard, Susan L.)
 Rescheduled
 01/26/2018 CANCELED Motion Hearing (9:00 AM) (Judicial Officer Hubbard, Susan L.)
 Dismiss Non-Appearance
 01/26/2018 Notice of Hearing, Filed
 01/29/2018 Motion for Order to Show Cause
 01/29/2018 Order Adjourning Mediation and Settlement Conference, S/F
 02/12/2018 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 02/16/2018 CANCELED Motion Hearing (9:00 AM) (Judicial Officer Hubbard, Susan L.)
 Dismiss Hearing or Injunction
 02/21/2018 Brief, Filed
 02/21/2018 Proof of Service, Filed
 02/23/2018 Notice of Hearing, Filed
 02/23/2018 Motion to Compel Action, Filed
 02/23/2018 Proof of Service, Filed
 02/23/2018 Proof of Service, Filed
 02/23/2018 Miscellaneous Motion, Filed
 03/06/2018 Answer to Motion, Filed
 03/06/2018 Proof of Service, Filed
 03/06/2018 Answer to Motion, Filed
 03/06/2018 Proof of Service, Filed
 03/06/2018 Answer to Motion, Filed
 03/06/2018 Proof of Service, Filed
 03/08/2018 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 03/08/2018 Praecepte, Filed (Judicial Officer: Hubbard, Susan L.)
 03/08/2018 Notice of Hearing, Filed
 03/08/2018 Brief, Filed
 03/08/2018 Proof of Service, Filed
 03/08/2018 Answer to Motion, Filed
 03/08/2018 Proof of Service, Filed
 03/08/2018 Answer to Motion, Filed
 03/08/2018 Proof of Service, Filed
 03/08/2018 Proof of Service, Filed
 03/08/2018 Notice of Hearing, Filed
 03/08/2018 Proof of Service, Filed

03/19/2018 Notice of Hearing, Filed
 03/19/2018 Proof of Service, Filed
 03/19/2018 Answer to Motion, Filed
 03/19/2018 Proof of Service, Filed
 03/19/2018 Reply to Brief, Filed
 03/19/2018 Proof of Service, Filed
 03/22/2018 Motion Hearing (9:00 AM) (Judicial Officer Hubbard, Susan L.)
 01/25/2018 *Reset by Court to 03/22/2018*
 Result: Held
 03/22/2018 Motion Hearing (9:30 AM) (Judicial Officer Hubbard, Susan L.)
 Result: Held
 03/22/2018 Motion Hearing (9:30 AM) (Judicial Officer Hubbard, Susan L.)
 03/16/2018 *Reset by Court to 03/22/2018*
 Result: Held
 03/22/2018 Motion Hearing (9:30 AM) (Judicial Officer Hubbard, Susan L.)
 03/16/2018 *Reset by Court to 03/22/2018*
 Result: Held
 03/22/2018 Taken Under Advisement (Judicial Officer: Hubbard, Susan L.)
 03/22/2018 Taken Under Advisement (Judicial Officer: Hubbard, Susan L.)
 03/22/2018 Taken Under Advisement (Judicial Officer: Hubbard, Susan L.)
 03/22/2018 Taken Under Advisement (Judicial Officer: Hubbard, Susan L.)
 04/06/2018 Brief, Filed
 04/06/2018 Proof of Service, Filed
 04/09/2018 Brief, Filed
 04/09/2018 Proof of Service, Filed
 04/09/2018 Miscellaneous Pleadings, Filed
 04/09/2018 Proof of Service, Filed
 04/09/2018 Brief, Filed
 04/09/2018 Proof of Service, Filed
 04/27/2018 Case Evaluation - General Civil
 04/27/2018 Opinion of Court, Signed and Filed
 05/15/2018 Praecipe, Filed (Judicial Officer: Hubbard, Susan L.)
 05/15/2018 Proof of Service, Filed
 05/16/2018 Motion for Reconsideration/Rehearing, Filed
 05/16/2018 Proof of Service, Filed
 05/18/2018 CANCELED Motion Hearing (9:00 AM) (Judicial Officer Hubbard, Susan L.)
 Dismiss Non-Appearance
 05/21/2018 Party Final - Order Dismissing Party, Signed and Filed
 06/05/2018 Order for Miscellaneous Action, Signed and Filed
 06/15/2018 Claim of Appeal, Filed
 06/15/2018 Proof of Service, Filed
 07/03/2018 Settlement Conference (9:30 AM) (Judicial Officer Hubbard, Susan L.)
 03/20/2018 *Reset by Court to 07/03/2018*
 Result: Reviewed by Court
 07/24/2018 Review Hearing (9:00 AM) (Judicial Officer Hubbard, Susan L.)
 08/14/2018 Closed - Case Dismissed, Order to Follow (Judicial Officer: Hubbard, Susan L.)
 11/14/2018 Transcript, Filed
 11/14/2018 Transcript, Filed
 12/20/2018 Notice Sent - Intent to Dismiss
 01/03/2019 Final - Order of Dismissal, Signed and Filed (Judicial Officer: Hubbard, Susan L.)
 09/24/2020 Higher Court Order/Decision Received by Circuit Court
 09/24/2020 Higher Court Order/Decision Received by Circuit Court
 11/19/2020 Higher Court Order/Decision Received by Circuit Court
 01/04/2021 Proof of Service, Filed
 01/04/2021 Miscellaneous Pleadings, Filed

FINANCIAL INFORMATION

Defendant ESURANCE PROPERTY & CASUALTY INSURANCE COMPANY		
	Total Financial Assessment	20.00
	Total Payments and Credits	20.00
	Balance Due as of 10/12/2021	0.00
08/31/2017	Transaction Assessment	20.00
08/31/2017	Civil File & Serve Payment Receipt # 2017-77950	ESURANCE PROPERTY & CASUALTY INSURANCE COMPANY (20.00)
Defendant THE MICHIGAN ASSIGNED CLAIMS PLAN		
	Total Financial Assessment	125.00
	Total Payments and Credits	125.00
	Balance Due as of 10/12/2021	0.00
07/27/2017	Transaction Assessment	85.00
07/27/2017	Civil File & Serve Payment Receipt # 2017-66885	THE MICHIGAN ASSIGNED CLAIMS PLAN (85.00)
11/09/2017	Transaction Assessment	20.00
11/09/2017	Civil File & Serve Payment Receipt # 2017-100070	THE MICHIGAN ASSIGNED CLAIMS PLAN (20.00)
12/04/2017	Transaction Assessment	20.00

Defendant TRUMBULL INSURANCE COMPANY
 Total Financial Assessment
 Total Payments and Credits
Balance Due as of 10/12/2021

125.00
 125.00
0.00

07/18/2017	Transaction Assessment				85.00
07/18/2017	Civil File & Serve Payment	Receipt # 2017-63993	TRUMBULL INSURANCE COMPANY		(85.00)
11/14/2017	Transaction Assessment				20.00
11/14/2017	Civil File & Serve Payment	Receipt # 2017-101232	TRUMBULL INSURANCE COMPANY		(20.00)
01/29/2018	Transaction Assessment				20.00
01/29/2018	Civil File & Serve Payment	Receipt # 2018-08104	TRUMBULL INSURANCE COMPANY		(20.00)

Plaintiff Griffin, Willie
 Total Financial Assessment
 Total Payments and Credits
Balance Due as of 10/12/2021

300.00
 300.00
0.00

04/21/2017	Transaction Assessment				175.00
04/21/2017	Civil File & Serve Payment	Receipt # 2017-35935	Griffin, Willie		(175.00)
12/04/2017	Transaction Assessment				20.00
12/04/2017	Civil File & Serve Payment	Receipt # 2017-106557	Griffin, Willie		(20.00)
01/17/2018	Transaction Assessment				20.00
01/17/2018	Civil File & Serve Payment	Receipt # 2018-04406	Griffin, Willie		(20.00)
03/07/2018	Transaction Assessment				20.00
03/07/2018	eFiling	Receipt # 2018-17152	Law Offices of Jason P. Kief		(20.00)
03/07/2018	Transaction Assessment				20.00
03/07/2018	eFiling	Receipt # 2018-17193	Anselmi Mierzejewski Ruth & Sowle, P.C.		(20.00)
05/16/2018	Transaction Assessment				20.00
05/16/2018	eFiling	Receipt # 2018-38881	Law Offices of Jason P. Kief		(20.00)
06/15/2018	Transaction Assessment				25.00
06/15/2018	eFiling	Receipt # 2018-47001	Attorney at Law		(25.00)

Proposed Intervening Party RONALD S. LEDERMAN, MD, PLLC
 Total Financial Assessment
 Total Payments and Credits
Balance Due as of 10/12/2021

20.00
 20.00
0.00

05/25/2017	Transaction Assessment				20.00
05/25/2017	Civil File & Serve Payment	Receipt # 2017-47122	RONALD S. LEDERMAN, MD, PLLC		(20.00)

20.00
 (20.00)

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Subject: Griffin AI
From: Hits (hits@measervicesinc.biz)
To: atirmeyml@yahoo.com;
Date: Wednesday, April 19, 2017 4:40 PM

MEA RESEARCH SERVICES. INC., LTD
2911 TURTLE CREEK BLVD.
SUITE 300
DALLAS, TEXAS 75219
www.measervicesinc.biz

Please see below the results for the attached request(s).

Please observe our disclaimer on our website at www.measervicesinc.biz and to download new request forms.

We regret that we have been unable to locate any valid insurance / any valid umbrella insurance [or if this was a request for the policy limits] we regret that we have been unable to ID the policy limits, or identify other specific information you requested on the named-defendant / policyholder noted below for the date of loss / loss period associated with the attached request.

No fees will apply or be charged in relation to this search.

No further report(s) will follow.

The subject/entity the search was performed on for the date of loss in this matter was: Gilbert Gonzalez

Attachments

- Griffin A1.pdf (186.67KB)

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MEA INSURANCE REQUEST FORM
 PLEASE E-MAIL THIS REQUEST TO: INFO@MEASERVICESINC.BIZ
 ALL WORK IS PERFORMED ON A NO FIND -- NO FEE BASIS

*****PLEASE INCLUDE ACCIDENT REPORT AND INSURANCE LETTER IF AVAILABLE*****

NEED A 3-5 DAY RUSH ORDER (ADD'L \$75 PER DEF.) _____ NEED A 24-HOUR RUSH ORDER (ADD'L \$200 PER DEF.) _____

PLEASE CHECK HERE IF NO ACCIDENT REPORT AVAILABLE _____ PLEASE CHECK HERE IF NO INSURANCE LETTER AVAILABLE _____

REQUEST DATE 4.21.17 LOSS DATE OR LOSS PERIOD 5.6.16. 11

FILE NAME GRIFFIN / A1 CONTACT: JASON KEF

LAW FIRM NAME JASON P. KEF, PLLC

ADDRESS 21411 CZVC Center, # 306 Southfield, MI 48076

TELEPHONE (248) 200-0169 x232 EMAIL ATTORNEY.MI@YAHOO.COM

PLEASE CHECK BELOW THE TYPE OF POLICY/POLICIES YOU ARE SEEKING INFORMATION ON IN THIS MATTER

AUTO HOMEOWNERS _____ RENTERS _____ CGL BUSINESS _____ PREMISES _____ UMBRELLA _____

LIQUOR LIABILITY _____ MALPRACTICE _____ OTHER [please explain] _____

INJURY/DEATH WAS CAUSED BY (I.E. SLIP & FALL, DOG BITE, ASSAULT, AUTO, ETC.) AUTO

IS A VALID POLICY ALREADY LISTED ON A/R FOR DEF? Yes _____ NO OR MEA CAN FIRST VERIFY IF VALID check here _____ *See fee below
 IF YOU HAVE REQUESTED MEA TO VERIFY A LISTED POLICY ON THE A/R FOR DEF, A \$150.00 FEE APPLIES IF POLICY WAS IN FORCE ON DATE OF LOSS, OTHERWISE NO CHARGE.

WHAT TYPE OF REQUEST ARE YOU ORDERING? CHECK ALL THAT APPLY. FEES APPLY FOR EACH ITEM CHECKED

ID INSURANCE CARRIER ID POLICY NUMBER _____ ID LIABILITY LIMITS _____ ID UM/UM LIMITS _____

ID POLICY PERIOD DATES _____ ID UMBRELLA INSURANCE ONLY _____ ** See immediately below [no fees apply if no umbrella found]

"IF YOU ARE REQUESTING "UMBRELLA ONLY" PLEASE LIST BELOW THE PRIMARY POLICY CARRIER, POLICY NUMBER AND LIABILITY LIMITS. YOU WILL BE BILLED FOR UMBRELLA POLICY NUMBER AND UMBRELLA LIMITS IF FOUND WITH SAME CARRIER. IF THE UMBRELLA POLICY IS FOUND WITH A DIFFERENT CARRIER THAN THE PRIMARY CARRIER, THE "ID CARRIER FEE" WILL ALSO APPLY.

INSURANCE CARRIER NAME (NOT AGENT) _____

ADDRESS _____

AGENT OR ADJUSTER _____ PHONE _____

POLICY NUMBER _____ CLAIM NUMBER _____

IF ORDERING AN UMBRELLA SEARCH ONLY, LIST THE LIABILITY LIMITS FOR THE ABOVE POLICY \$ _____ /s

NAME OF POLICYHOLDER FOR ABOVE POLICY _____ DOB _____

POLICYHOLDER ADDRESS _____

DEFENDANT NAME GILBERT GONZALEZ DOB _____

DEFENDANT ADDRESS 29453 W. JEFFERSON AVE, APT 6, ROCKWOOD, MI 48173-

POLICYHOLDER PHONE # _____ DEFENDANT PHONE # (248) 214-8133

POLICYHOLDER/DEFENDANT IS THE DRIVER VEHICLE OWNER? HOMEOWNER _____ OTHER _____

*****VERY IMPORTANT*** REQUESTS CANNOT BE PROCESSED WITHOUT AN ADDRESS FOR DEFENDANT/POLICYHOLDER**

- * \$75.00 CANCEL FEE PER DEFENDANT WILL APPLY IF THIS ORDER IS CANCELLED WITHIN 10 BUSINESS DAYS (OR 3 BUSINESS DAYS FOR RUSH ORDERS).
- * 24 HOUR RUSH ORDERS CANNOT BE CANCELLED. NON-RUSH REQUESTS ARE USUALLY COMPLETED BETWEEN 10 AND 15 DAYS.
- * TO AVOID BEING DROICED FOR POLICIES ALREADY KNOWN TO EXIST (FOR WHICH YOU DO NOT REQUIRE ANY INFORMATION ON), PLEASE MAKE THEM AWARE TO MEA BY YOUR EMAIL WHEN SUBMITTING THIS REQUEST. PLEASE DO NOT LIST THESE POLICIES ON THIS FORM AS IT MAY CREATE CONFUSION WITH YOUR REQUEST.
- * BY SUBMITTING THIS REQUEST, YOU CONFIRM THAT YOU HAVE READ AND AGREED TO OUR TERMS AND CONDITIONS, AND DISCLAIMER POSTED ON OUR WEBSITE AT WWW.MEASERVICESINC.BIZ. YOU ALSO CONFIRM YOU UNDERSTAND THE FEE SCHEDULE BELOW AND WHAT YOU WILL BE BILLED FOR.
- * INSURANCE TRACES ARE PERFORMED UNDER THE DEFENDANT/POLICYHOLDER NAME(S) ONLY. POLICIES FOUND MAY OR MAY NOT COVER A SPECIFIC LOSS, THE TARGET VEHICLE OR SPECIFIC PROPERTY OWNED/OPERATED BY THE DEFENDANT/POLICYHOLDER. YOU WILL STILL BE BILLED IN ACCORDANCE WITH FEE SCHEDULE BELOW IF THE POLICY WE FOUND IN THE DEFENDANT/POLICYHOLDER'S NAME WAS IN FORCE ON THE DATE OF LOSS. WE CANNOT INSPECT POLICIES FOR EXCLUSIONS.
- * IF REQUESTING LIABILITY LIMITS ONLY YOU MUST PROVIDE THE INSURANCE CARRIER AND A POLICY NUMBER (OR) CLAIM NUMBER ABOVE, OR YOU WILL NEED TO ALSO CHECK THE ID INSURANCE CARRIER BOX, OTHERWISE THE REQUEST CANNOT BE PROCESSED.

ID CARRIER	ID POLICY NUMBER	ID POLICY LIMITS	ID POLICY PERIOD DATES
DOL WITHIN 1 YR \$225	DOL WITHIN 1 YR \$100	DOL WITHIN 1 YR \$150	DOL WITHIN 1 YR \$75
DOL OVER 1 YR BUT NOT OVER 3 \$325	DOL OVER 1 YR BUT NOT OVER 3 \$125	DOL OVER 1 YR BUT NOT OVER 3 \$200	DOL OVER 1 YR BUT NOT OVER 3 \$75
DOL OVER 3 YEARS BUT NOT OVER 10 \$425	DOL OVER 3 YEARS BUT NOT OVER 10 \$150	DOL OVER 3 YEARS BUT NOT OVER 10 \$250	DOL OVER 3 YEARS BUT NOT OVER 10 \$75

For loss dates in excess of 10 years please email MEA in advance for a quote.

Form revised 04/01/2016

Authority 1049 PA 208, Sec257.022 Compliance Required MSP UD-182 Penalty \$100 under 90 days (Rev 11/2005)		Extention # 00654640		Crash ID 854840		Page 1 of 1 Incident # 100010918 File Class 5400	
STATE OF MICHIGAN TRAFFIC CRASH REPORT							
OR# MIG380800		Department Name WATERFORD PD					
Crash Date 02/08/2016		Crash Time 19:09	No of VEHs 1	Crash Type 1-SINGLE MOTOR VEHIC		Special Circumstances <input type="checkbox"/> School Bus <input type="checkbox"/> Hi Wind Run <input type="checkbox"/> Deer <input type="checkbox"/> Firearm Police	
County 83 - OAKLAND		Traffic Control NONE OF THESE		Reason to Roadway ON ROAD		Weather CLEAR	
City/Town 21 - WATERFORD TWP		Construction Zone (if applicable) Type		Lane Closed	Activity	Light DAYLIGHT	Road Condition DRY
		Total Lanes 5	Speed Limit 45	Posted YES			
LOCATOR							
Profile DIXIE		Road Name DIXIE		Road Type HWY		Surface Divided Roadway	
Distance 1000 FT SE		Traffic Way 1-NOT PHYSICALLY DIVIDED				Access Control 1-NO ACCESS CONTROL	
Profile HATCHERY		Intersecting Road HATCHERY		Road Type RD		Surface Divided Roadway	
Unit Number 1	Unit Class Y	State Driver License Number G615884687404		Date of Birth (Age) 05/22/1958 (57)		License Type <input type="checkbox"/> Operator <input type="checkbox"/> Cycle <input type="checkbox"/> Chauffeur <input type="checkbox"/> Mixed	Endorsements <input type="checkbox"/> None <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S
Total Occupants 1	Hazardous Action 00-NONE						
Unit Type M	Driver Information WILLIE L GRIFFIN 255 CARRAGE CIRCLE DR APT 331 PONTIAC MI 48342-3377			Injury B	Position 01	Restaurant 12	Hospital 630120-PONTIAC OSTEOPATHIC HOSPITAL
Driver Condition <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> M		Injured NO	Ejected NO	Trapped NO	Airbag Deployed NO	Ambulance 631016-WATERFORD TWP FIRE DEPT.	
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered <input type="checkbox"/> PST <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results		Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results	Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
Vehicle Registration 3PB57	State MI	Insurance / Policy # ALL STATE 908634697		Towed To By METRO TOWING (248) 623-1010		Special Vehicle 0	Private Trailer Type 0
VIN 1HFC47054A300992	Vehicle Description HONDA		Model GOLDWING	Color RED	Year 2004	Vehicle Type 05-CYCLE	
Location of Onset of Damage 2	First Impact 2	Second Impact 2	Unusable YES	Vehicle Direction SE	Vehicle Use 01-PRIVATE	Action Taken 01-GOING STRAIGHT AHEAD	
Sequence of Events (a include MOST named items) 01-LOSS OF CONTROL				03-RAN OFF ROADWAY-LEFT 34-CURB			
PASSENGERS							
Passenger Information		Date of Birth (Age)	Sex	Position	Restaurant	Hospital	Injury
		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information		Date of Birth (Age)	Sex	Position	Restaurant	Hospital	Injury
		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information		Date of Birth (Age)	Sex	Position	Restaurant	Hospital	Injury
		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information		Date of Birth (Age)	Sex	Position	Restaurant	Hospital	Injury
		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information		Date of Birth (Age)	Sex	Position	Restaurant	Hospital	Injury
		Airbag Deployed	Ejected	Trapped	Ambulance		
OWNERS							
Owner Information				Owner Information			
Person Arrested of Damaged Traffic Control		Contact Name		Contact Date		Contact Time	
Damaged Property				Owner's Phone			

Unit Number	Unit Keypin	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Motorist	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex	Total Occupants	Hazardous Action	
Unit Type	Driver Information			Injury	Position	Restraint	Hospital			
Driver Condition				Interlock	Expired	Expired	Arrested/Deported	Ambulance		
Alcohol <input type="checkbox"/> Yes Test Type <input type="checkbox"/> Field <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Test Results		Drugs <input type="checkbox"/> Yes Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results		CELEBRATION ISSUED <input type="checkbox"/> Hazardous <input type="checkbox"/> Current
Vehicle Registration	State	Insurance / Policy #		Towed To/By			Special Vehicle	Power / Trailer Type	Vehicle Detail	
VIN	Vehicle Description	Make	Model	Class	Year	Vehicle Type				
Location of Greatest Damage	First Impact	Extent of Damage	Driven by	Vehicle Direction	Vehicle Use	Action Prior				
Sequence of Events		First	Second	Third	Fourth					
Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital				
		Injury	Arrested/Deported	Expired	Trapped	Ambulance				
Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital				
		Injury	Arrested/Deported	Expired	Trapped	Ambulance				
Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital				
		Injury	Arrested/Deported	Expired	Trapped	Ambulance				
Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital				
		Injury	Arrested/Deported	Expired	Trapped	Ambulance				
Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital				
		Injury	Arrested/Deported	Expired	Trapped	Ambulance				
Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital				
		Injury	Arrested/Deported	Expired	Trapped	Ambulance				
Driver Information		Carrier Source	GVWR	RCMC	CSB01	UPSC				
Driver's COE Type		Grossweights ON FM ON OX		ODL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	COE Restrictions <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05					
Manufacturer/Model	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Code	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spd	
Driver Information		Driver Information								
Witness Information GILBERT GONZALEZ 28453 W JEFFERSON AVE APT 6 ROCKWOOD MI 48073-9739 (248) 244-8133 Age:				Witness Information CHERYL LYNN ANSEL 6831 STONEWOOD PLACE DR CLARKSTON MI 48348 (248) 882-7713 Age:						
Investigator at Scene YES	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)			Printed By:				
Narrative		Sketch								
<p>#1 WAS S/B ON DIXIE HWY. #1 SAID HE LOST CONTROL WHEN A BIG TRUCK WITH A TRAILER CHANGED LANES.</p> <p>WITNESS IN THE TRUCK STATED HE WAS CHANGING LANES. WITNESS OBSERVED #1 BEHIND HIM ROUGHLY 5 TO 8 CAR LENGTHS. WITNESS STATED WHEN HE MADE THE LANE CHANGE, HE HEARD A CRASH BUT NO CONTACT WAS MADE WITH HIS TRUCK OR TRAILER.</p> <p>WITNESS 2 STATED #1 LOST CONTROL WHEN THE TRUCK CHANGED LANES. WITNESS 2 SAID NO CONTACT WAS MADE WITH #1 AND THE TRUCK. WITNESS 2 SAID #1 OVER REACTED AND LOST CONTROL OF THE CYCLE.</p> <p>#1 WAS TRANSPORTED TO MCLAREN FOR MULTIPLE INJURIES. THE MOTORCYCLE WAS TOWED VIA METRO TOWING.</p>										

AS 75

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of State

Plate: AC31739 Expires: 10/20/2017

RENEWAL OF AC31739
1995 INTERNATIONAL VAN

Vehicle No.: 1HTSDAAN3SH214906
M 625 098 285 599

Fee Cat. or Wt.: 048000
County: WAYNE

PAVEX COROPRATION
9786 HAWTHORNE GLEN DR
GROSSE ILE MI 48138



AC31739 P

License Fee: 311.00

07202017 A6 F201 110 0121 311.00

TP-11

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability
under Sections 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to PAVEX CORPORATION of 2654 Van Horn Rd
(Motor Carrier name) Trenton, MI 48183
(Motor Carrier state)

Dated at Worcester, MA on this 30th day of November, 2015

Amending Policy Number: BA00000042434S Effective Date: 11/17/2015

Name of Insurance Company: Harlevsville Lake States Insurance Co

Countersigned by:
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown *(check only one)*:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-338-8301.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

(continued on next page)

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The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

SCHEDULE OF LIMITS — PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material, in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material, or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

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Harleysville Lake States Insurance Co
 901 Wilshire Drive, Suite 520
 Troy, MI 48064-5605
 www.harleysvillegroup.com

Insured: PAVEX CORPORATION
Agent: ZERVOS GROUP INC

Policy Number: BA00000042434S
Policy Period: 11/17/2015 to 11/17/2016
 RENEWAL CERTIFICATE

COMMERCIAL LINES COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

PAVEX CORPORATION
 2654 Van Horn Rd
 Trenton, MI 48183-4164

Agent:

ZERVOS GROUP INC
 24724 FARBROOK ROAD
 PO BOX 2067
 SOUTHFIELD, MI 48034

Agency Code: 949966
Phone Number: (248)355-4411

Policy Period: 11/17/2015 to 11/17/2016

at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description:

Paving contractor

Form of Business:

CORPORATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 100

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	\$ 33,091.00
Commercial Liability Umbrella Policy	

Sub-Total	\$ 33,091.00
Fees and Surcharge - See Schedule GU-7015 (If Applicable)	\$ 4,408.00
Total	\$ 37,499.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
 SEE SCHEDULES GU-7004 and GU-7009

GU-7000 (Ed. 4-09)

Page: 1 of 1
 Issued: 11/30/2015



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DECLARATIONS PAGE EXTENSION - IMPORTANT INFORMATION

MICHIGAN

This policy is exempt from the filing requirements of section 2236 of the insurance code of 1956, 1956 PA 218, MCL 500.2236

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LOCATION SCHEDULE

Prem. No.	Bldg. No.	Address
001	ALL	2650 Van Horn Rd Trenton, MI 48183-4164

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LOSS PAYEE SCHEDULE

Loss Payee-Auto

Ally Financial
PO Box 8118
Cockeysville, MD 21030-8118
UNITED STATES

MI - Veh #6 2013 RAM RAM TRUCK 1500 SLT - 1C6RR7TT5DS662492

Loss Payee-Auto

Ally Financial
PO Box 8118
Cockeysville, MD 21030-8118
UNITED STATES

MI - Veh #8 2014 JEEP GRAND CHEROKEE LIMIT - 1C4RJFBG8EC233583

Loss Payee-Auto

Ally Financial
PO Box 8118
Cockeysville, MD 21030-8118
UNITED STATES

MI - Veh #7 2011 DODGE RAM 1500 QUAD - 1D7RV1GT7BS640850

Loss Payee-Auto

Ford Motor Credit
PO Box 105704
Atlanta, GA 30348-5704
UNITED STATES

MI - Veh #9 2014 FORD EXPLORER XLT - 1FM5K8D87EGB08902

Loss Payee-Auto

Chrysler Capital
PO Box 961272
Fort Worth, TX 76161-0272
UNITED STATES

MI - Veh #10 2014 RAM RAM TRUCK 2500 ST - 3C6LR5ATXEG160048

Loss Payee-Auto

Chrysler Capital
PO Box 961272
Fort Worth, TX 76161-0272
UNITED STATES

MI - Veh #11 2014 RAM RAM TRUCK 2500 ST - 3C6MR5AJXEG124881

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LOSS PAYEE SCHEDULE

Loss Payee-Auto

Chrysler Capital
PO Box 189
Minneapolis, MN 55440-0189
UNITED STATES

MI - Veh #16 2014 RAM RAM TRUCK 2500 ST - 3C6MR5AJ5EG186642

Loss Payee-Auto

Michigan Cat
24800 Novi Rd
Novi, MI 48375-2414
UNITED STATES

MI - Veh #14 2013 CATERPILLAR CAT660 - 1HTJGTKT2DJ145679

Loss Payee-Auto

Chrysler Capital
Insurance Service Center
0254928462
PO Box 189
Minneapolis, MN 55440-0189
UNITED STATES

MI - Veh #16 2014 RAM RAM TRUCK 2500 ST - 3C6MR5AJ5EG186642

Loss Payee-Auto

Chrysler Capital
PO Box 961272
Fort Worth, TX 76161-0272
UNITED STATES

MI - Veh #33 2015 RAM RAM TRUCK 2500 ST - 3C6LR5AT5FG521008

Loss Payee-Auto

Chrysler Capital
PO Box 961272
Fort Worth, TX 76161-0272
UNITED STATES

MI - Veh #20 2014 RAM RAM TRUCK 2500 ST - 3C6LR5AT9EG295960



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BA00000042434S

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RENEWAL CERTIFICATE

LOSS PAYEE SCHEDULE

Loss Payee-Auto

Scottrade Bank
12800 Corporate Hill Dr
Saint Louis, MO 63131-1845
UNITED STATES

MI - Veh #21 2007 MACK 700 CV700 - 1M2AG11C07M051642



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FEES AND SURCHARGE SCHEDULE

Michigan Catastrophic Claims Association Surcharge \$ 4,408.00

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FORM SCHEDULE

* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
* PJ0015	0415	Policy Jacket
* GU7005	0409	Location Schedule
* GU7006	0409	Loss Payee Schedule
GU7013	0409	Declaration Page Extension
* GU7015	0409	Fees and Surcharge Schedule
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
* IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0286	0908	Michigan Changes - Cancellation and Nonrenewal
		COMMERCIAL AUTOMOBILE FORMS
* CA0001	0310	Business Auto Coverage Form
* CA0110	0311	Michigan Changes
CA0217	0394	Michigan Changes - Cancellation and Nonrenewal
* CA2001	0306	Additional Insured - Lessor
* CA2131	0306	Michigan Uninsured Motorists Coverage
* CA2222	0311	Michigan Broadened Collision Coverage
CA2224	0306	Michigan Property Protection Coverage
CA2384	0106	Exclusion of Terrorism
CA7303	0707	Michigan Changes - Physical Damage Coverage Amendment
CA7395	0814	Michigan Personal Injury Protection
* CA9910	0310	Drive Other Car Cov-Broadened Cov for Named Individuals
* CA9910S	1214	Drive Other Car Schedule
* CA9941	0113	Michigan Property Damage Liability Coverage Buyback
CA9944	1293	Loss Payable Clause
* MC1622r	0614	MC Pol Pub Liab under Sect's 29 & 30 MC Act of 1980

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POLICYHOLDER NOTICE SCHEDULE

The following material contains important information about your policy. Please read it carefully.

ALL FORMS ARE ATTACHED. RETAIN UNLESS DELETED OR REPLACED. * INDICATES A NEW OR REPLACEMENT FORM.

Form	Edition	Description
		POLICY FORMS
GU1197	0706	Harleysville Insurance Privacy Pledge
* ST7115	0115	Premium Audit Notice
ST7617	1008	Trans of Your Pol to Another Comp Within Harleysville
* ST7898	1214	2010 Comm Auto Multistate Forms Revision Advisory PHN

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BUSINESS AUTO DECLARATIONS

ITEM ONE

Named Insured and Mailing Address

PAVEX CORPORATION
2654 Van Horn Rd
Trenton, MI 48183-4164

Policy Period: 11/17/2015 to 11/17/2016 at 12:01 A.M. Standard Time at your mailing address.

Previous Policy Number:

Form of Business: CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$

Audit Period (If Applicable): Annually Semi-Annually Quarterly Monthly

Endorsements Attached to this Policy

SEE SCHEDULES **GU-7004** and **GU-7009**.

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ITEM TWO

Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability	01	\$ 1,000,000 CSL	\$ 9,369.00
Personal Injury Protection (or Equivalent No-Fault Coverage)	05	Separately Stated in Each Personal Injury Protection Endorsement Minus Deductible \$ SEE FORM(S)	\$ 2,139.00
Added Personal Injury Protection (or Equivalent Added No-Fault Coverage)		Separately Stated in Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)	05	Separately Stated in The Property Protection Insurance Endorsement Minus Deductible \$ For Each Accident.	\$ 734.00
Auto Medical Payments		\$	\$
Medical Expenses And Income Loss Benefits (Virginia Only)		Separately Stated in Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists	02	\$ 1,000,000 CSL	\$ 994.00
Underinsured Motorists (When Not Included in Uninsured Motorists Coverage)		\$	\$



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ITEM TWO

Schedule of Coverages and Covered Autos (cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$SEE SCHEDULE Deductible for Each Covered Auto But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	\$ 3,686.00
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible for Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four For Hired Or Borrowed Autos.	\$
Physical Damage Collision Coverage	07	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$SEE SCHEDULE Deductible for Each Covered Auto. See Item Four For Hired Or Borrowed "Autos".	\$ 15,234.00
Physical Damage Towing and Labor		\$ For Each Disablement Of A Private Passenger Auto.	\$
Premium For Endorsements			\$ 244.00
Estimated Total Premium*			\$ 33,091.00

*This Policy May Be Subject To Final Audit.



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 RENEWAL CERTIFICATE

ITEM THREE

Schedule of Covered Autos You Own – SEE SCHEDULE CA-7282

Total Premiums of Scheduled Vehicles	
Liability	\$ 9,129.00
Personal Injury Protection	\$ 2,139.00
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$ 734.00
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$ 3,686.00
Specified Causes Of Loss	\$
Collision	\$ 15,234.00
Towing And Labor	\$

ITEM FOUR

Schedule of Hired or Borrowed Covered Auto Coverage and Premiums

Liability Coverage – Rating Basis, Cost of Hire

State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liability Coverage is Primary)	Premium
MI	\$ IF ANY	\$ 0.32500		\$ 136.00
Total Premium				\$ 136.00

Liability Coverage – Rating Basis, Number of Days – (For Mobile or Farm Equipment – Rental Period Basis)

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$
Total Premium				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services by motor carriers of property or passengers.



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 RENEWAL CERTIFICATE

Physical Damage Coverage

Coverages	Limit of Insurance		
	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning		
Comprehensive	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
	\$	\$	\$
	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism		
Specified Causes of Loss	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
	\$	\$	\$
	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto		
Collision	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
	\$	\$	\$
	Total Premium \$		

ITEM FIVE

Schedule For Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations and Other Than Social Service Agencies	Number of Employees	25	\$ 104.00
	Number of Partners		\$
Garage Service Operations	Number of Employees Whose Principal Duty Involves The Operation of Autos		\$
	Number of Employees		\$
Social Service Agencies	Number of Volunteers		\$
	Total Premiums		\$ 104.00



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 Agent: ZERVOS GROUP INC

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 Policy Period: 11/17/2015 to 11/17/2016
 RENEWAL CERTIFICATE

ITEM SIX

Schedule for Gross Receipts or Mileage Basis – Liability Coverage – Public Auto or Leasing Rental Concerns

Location No:

Gross Receipts (Per \$100) Mileage (Per Mile)

Estimated Yearly:

	Rates	Premiums
Liability	\$	\$
Auto Medical Payments	\$	\$
Medical Expense Benefits (VA Only)	\$	\$
Income Loss Benefits (VA Only)	\$	\$

Location No:

Gross Receipts (Per \$100) Mileage (Per Mile)

Estimated Yearly:

	Rates	Premiums
Liability	\$	\$
Auto Medical Payments	\$	\$
Medical Expense Benefits (VA Only)	\$	\$
Income Loss Benefits (VA Only)	\$	\$

Location No:

Gross Receipts (Per \$100) Mileage (Per Mile)

Estimated Yearly:

	Rates	Premiums
Liability	\$	\$
Auto Medical Payments	\$	\$
Medical Expense Benefits (VA Only)	\$	\$
Income Loss Benefits (VA Only)	\$	\$



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ITEM SIX

Schedule for Gross Receipts or Mileage Basis – Liability Coverage – Public Auto or Leasing Rental Concerns (cont'd)

	Total Premiums
Minimum Liability	\$
Minimum Auto Medical Payments	\$
Minimum Medical Expense Benefits (VA Only)	\$
Minimum Income Loss Benefits (VA Only)	\$
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

Schedule of Locations – SEE SCHEDULE GU-7005

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.



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BUSINESS AUTO SCHEDULE

ITEM THREE – Schedule of Covered Autos You Own

Covered Auto No.	DESCRIPTION							TERRITORY		
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)							Town and State where Covered Auto will be Principally Garaged		
1	2000 FORD F250 SUPER DUTY, 1FTNF20L7YED94296							012 Trenton, MI 48183		
2	2000 TOWNMASTER TRAILER, 4KNFT1927YL163855							012 Trenton, MI 48183		
3	2008 FORD FOCUS SE/SEL/SES, 1FAHP35N38W158223							012 Trenton, MI 48183		
4	1995 INTERNATIONAL 4000 SERIES 4900, 1HTSDAAN3SH214906							012 Trenton, MI 48183		
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED(U)
					Liability	Physical Damage				
1	LOCAL	S	5,000	12	1.000000		-0.050000	01485	\$ 24,210	
2	LOCAL			12	0.100000			68485		
3				9	1.000000			7398	\$ 15,375	
4	LOCAL	S	30,000	12	1.100000		-0.050000	31485		
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
1	\$ 249									
2	\$ 21									
3	\$ 261									
4	\$ 284									
Covered Auto No.	PERSONAL INJURY PROTECTION		ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)				
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below	Premium	Limit Stated in Each Added PIP End	Premium	Limit Stated in the Property Protection Insurance End Minus Deductible Shown below	Premium				
	1	SEE FORM(S)	\$ 65			SEE FORM(S)	\$ 22			
2	SEE FORM(S)	\$ 6			SEE FORM(S)	\$ 22				
3	SEE FORM(S)	\$ 118			SEE FORM(S)	\$ 5				
4	SEE FORM(S)	\$ 65			SEE FORM(S)	\$ 22				
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION					
	Deductible	Premium	Premium	Deductible	Premium					
1										
2										
3										
4										
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.							
	Limit per Disablement	Premium								
1										
2										
3										
4										

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BUSINESS AUTO SCHEDULE

ITEM THREE - Schedule of Covered Autos You Own

Covered Auto No.	DESCRIPTION							TERRITORY		
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)							Town and State where Covered Auto will be Principally Garaged		
5	1997 FORD F250, 1FTHX26G6VEA86651							012 Trenton, MI 48183		
6	2013 RAM RAM TRUCK 1500 SLT, 1C6RR7TT5DS662492							012 Trenton, MI 48183		
7	2011 DODGE RAM 1500 QUAD, 1D7RV1GT7BS640850							012 Trenton, MI 48183		
8	2014 JEEP GRAND CHEROKEE LIMIT, 1C4RJFBG8EC233583							012 Trenton, MI 48183		
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED(U)
					Liability	Physical Damage				
5	LOCAL	S	5,000	12	1.000000		-0.050000	01485	\$ 30,000	
6	LOCAL	S	5,000	4	1.000000	1.000000	-0.050000	01485	\$ 42,800	
7	LOCAL	S	5,000	6	1.000000	1.000000	-0.050000	01485	\$ 29,075	
8				3	1.000000	1.000000		7398	\$ 39,295	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
5	\$ 249									
6	\$ 249									
7	\$ 249									
8	\$ 261									
Covered Auto No.	PERSONAL INJURY PROTECTION			ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)			
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below		Premium	Limit Stated in Each Added PIP End		Premium	Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.		Premium	
5	SEE FORM(S)		\$ 65				SEE FORM(S)		\$ 22	
6	SEE FORM(S)		\$ 65				SEE FORM(S)		\$ 22	
7	SEE FORM(S)		\$ 65				SEE FORM(S)		\$ 22	
8	SEE FORM(S)		\$ 118				SEE FORM(S)		\$ 5	
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS			COLLISION				
	Deductible	Premium	Premium			Deductible	Premium			
5										
6	\$ 1,000	\$ 123				\$ 1,000	\$ 439			
7	\$ 1,000	\$ 95				\$ 1,000	\$ 245			
8	\$ 1,000	\$ 157				\$ 1,000	\$ 643			
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interest; may appear at the time of the loss.							
	Limit per Disablement	Premium								
5										
6										
7										
8										

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BUSINESS AUTO SCHEDULE

ITEM THREE – Schedule of Covered Autos You Own

Covered Auto No.	DESCRIPTION							TERRITORY		
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)							Town and State where Covered Auto will be Principally Garaged		
9	2014 FORD EXPLORER XLT, 1FM5K8D87EGB08902							012 Trenton, MI 48183		
10	2014 RAM RAM TRUCK 2500 ST, 3C6LR5ATXEG160048							012 Trenton, MI 48183		
11	2014 RAM RAM TRUCK 2500 ST, 3C6MR5AJXEG124881							012 Trenton, MI 48183		
12	2014 Kaufman XS-14, 5VGFX142XEL002577							012 Trenton, MI 48183		
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm'l	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED (U)
					Liability	Physical Damage				
9				3	1.000000	1.000000		7398	\$ 34,345	
10	LOCAL	S	5,000	3	1.000000	1.000000	-0.050000	01485	\$ 32,195	
11	LOCAL	S	5,000	3	1.000000	1.000000	-0.050000	01485	\$ 31,160	
12	LOCAL			3	0.100000	0.500000		68405	\$ 31,377	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
9	\$ 261									
10	\$ 258									
11	\$ 249									
12	\$ 21									
Covered Auto No.	PERSONAL INJURY PROTECTION		ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)				
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below	Premium	Limit Stated in Each Added PIP End	Premium		Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.	Premium			
9	SEE FORM(S)	\$ 118				SEE FORM(S)	\$ 5			
10	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
11	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
12	SEE FORM(S)	\$ 6				SEE FORM(S)	\$ 22			
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION					
	Deductible	Premium	Premium		Deductible	Premium				
9	\$ 1,000	\$ 157			\$ 1,000	\$ 643				
10	\$ 1,000	\$ 119			\$ 1,000	\$ 351				
11	\$ 1,000	\$ 119			\$ 1,000	\$ 351				
12	\$ 1,000	\$ 62			\$ 1,000	\$ 184				
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.							
	Limit per Disablerment	Premium								
9										
10										
11										
12										

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BUSINESS AUTO SCHEDULE

ITEM THREE – Schedule of Covered Autos You Own

Covered Auto No.	DESCRIPTION							TERRITORY		
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)							Town and State where Covered Auto will be Principally Garaged		
13	2014 Kaufman XS-14, 5VGFR4232EL004010							012 Trenton, MI 48183		
14	2013 CATERPILLAR CAT660, 1HTJGKT2DJ145679							012 Trenton, MI 48183		
15	1996 INTERNATIONAL 4000 SERIES 4700, 1HTSCAANXTH342581							012 Trenton, MI 48183		
16	2014 RAM RAM TRUCK 2500 ST, 3C6MR5AJ5EG186642							012 Trenton, MI 48183		
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm'l	Size GVW, CGW or Vehicle Scoring Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED(U)
					Liability	Physical Damage				
13	LOCAL			3	0.100000	0.500000		68485	\$ 31,377	
14	LOCAL		50,000	4	2.100000	1.000000	-0.200000	40479	\$147,675	
15	LOCAL	S	30,000	12	1.100000	0.700000	-0.050000	31485	\$ 20,000	
16	LOCAL	S	5,000	3	1.000000	1.000000	-0.050000	01485	\$ 32,195	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
13	\$ 21									
14	\$ 520									
15	\$ 284									
16	\$ 258									
Covered Auto No.	PERSONAL INJURY PROTECTION			ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)			
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below	Premium		Limit Stated in Each Added PIP End	Premium		Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.	Premium		
13	SEE FORM(S)	\$ 6					SEE FORM(S)	\$ 22		
14	SEE FORM(S)	\$ 65					SEE FORM(S)	\$ 22		
15	SEE FORM(S)	\$ 65					SEE FORM(S)	\$ 22		
16	SEE FORM(S)	\$ 65					SEE FORM(S)	\$ 22		
Covered Auto No.	COMPREHENSIVE			SPECIFIED CAUSES OF LOSS			COLLISION			
	Deductible	Premium		Premium			Deductible	Premium		
13	\$ 1,000	\$ 62					\$ 1,000	\$ 184		
14	\$ 1,000	\$ 158					\$ 1,000	\$ 930		
15	\$ 1,000	\$ 39					\$ 1,000	\$ 89		
16	\$ 1,000	\$ 119					\$ 1,000	\$ 351		
Covered Auto No.	TOWING AND LABOR			Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.						
	Limit per Disablerment	Premium								
13										
14										
15										
16										

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BUSINESS AUTO SCHEDULE

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Covered Auto No.	DESCRIPTION							TERRITORY		
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)							Town and State where Covered Auto will be Principally Garaged		
17	2015 PETERBILT CONVENTIONAL 567, 1XPCD40X3FD273956							012 Trenton, MI 48183		
18	2003 CHEVROLET SILVERADO C3500, 1GBJC34U23E143912							012 Trenton, MI 48183		
19	2014 JEEP WRANGLER UNLIMITED S, 1C4BJWDG9EL172307							012 Trenton, MI 48183		
20	2014 RAM RAM TRUCK 2500 ST, 3C6LR5AT9EG295960							012 Trenton, MI 48183		
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED (U)
					Liability	Physical Damage				
17	LOCAL		50,000	2	2.350000	1.050000	-0.050000	50485	\$143,039	
18	LOCAL	S	15,000	12	1.050000	0.750000	-0.050000	21485	\$ 4,000	
19				3	1.000000	1.000000		7398	\$ 35,375	
20	LOCAL	S	5,000	3	1.000000	1.000000	-0.050000	01485	\$ 35,700	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
17	\$ 649									
18	\$ 260									
19	\$ 261									
20	\$ 249									
Covered Auto No.	PERSONAL INJURY PROTECTION		ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)				
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below	Premium	Limit Stated in Each Added PIP End	Premium		Limit Stated in the Property Protection Insurance End Minus Deductible Shown below	Premium			
17	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
18	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
19	SEE FORM(S)	\$ 118				SEE FORM(S)	\$ 5			
20	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION					
	Deductible	Premium	Premium		Deductible	Premium				
17	\$ 1,000	\$ 204			\$ 1,000	\$ 1,329				
18	\$ 1,000	\$ 13			\$ 1,000	\$ 36				
19	\$ 1,000	\$ 157			\$ 1,000	\$ 643				
20	\$ 1,000	\$ 119			\$ 1,000	\$ 351				
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.							
	Limit per Disablement	Premium								
17										
18										
19										
20										

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Covered Auto No.	DESCRIPTION							TERRITORY		
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)							Town and State where Covered Auto will be Principally Garaged		
21	2007 MACK 700 CV700, 1M2AG11C07M051642							012 Trenton, MI 48183		
22	2007 MACK 700 CV700, 1M2AG11C77M051640							012 Trenton, MI 48183		
23	2015 KAUFAMN Trailer, 000000000000TDWT							012 Trenton, MI 48183		
24	2014 RAM RAM TRUCK 2500 ST, 3C6MR5AJ8EG309768							012 Trenton, MI 48183		
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED (U)
					Liability	Physical Damage				
21	LOCAL	C	30,000	10	1.850000	0.850000	-0.200000	36479	\$ 87,500	
22	LOCAL	C	30,000	10	1.850000	0.850000	-0.200000	36479	\$ 87,500	
23	LOCAL			2	0.100000	0.500000		68485	\$ 6,390	
24	LOCAL	S	5,000	3	1.000000	1.000000	-0.050000	01485	\$ 40,000	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
21	\$ 433									
22	\$ 433									
23	\$ 21									
24	\$ 249									
Covered Auto No.	PERSONAL INJURY PROTECTION		ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)				
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below	Premium	Limit Stated in Each Added PIP End	Premium		Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.	Premium			
21	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
22	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
23	SEE FORM(S)	\$ 6				SEE FORM(S)	\$ 22			
24	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION					
	Deductible	Premium	Premium		Deductible	Premium				
21	\$ 1,000	\$ 73			\$ 1,000	\$ 344				
22	\$ 1,000	\$ 73			\$ 1,000	\$ 344				
23	\$ 1,000	\$ 27			\$ 1,000	\$ 77				
24	\$ 1,000	\$ 119			\$ 1,000	\$ 351				
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.							
	Limit per Disablement	Premium								
21										
22										
23										
24										

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Covered Auto No.	DESCRIPTION						TERRITORY			
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)						Town and State where Covered Auto will be Principally Garaged			
25	2006 TRAILSTAR MFG CO, 1T9DS19E661066193						012 Trenton, MI 48183			
26	2006 TRAILSTAR MFG CO, 1T9DS19E661066193						012 Trenton, MI 48183			
27	2006 TRAILSTAR MFG CO, 1T9DS25C161066192						012 Trenton, MI 48183			
28	2002 CHEVROLET SILVERADO K2500HD, 1GCHK24U42E187772						012 Trenton, MI 48183			
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED (U)
					Liability	Physical Damage				
25	LOCAL			11	0.100000	0.500000		68485	\$ 27,500	
26	LOCAL			11	0.100000	0.500000		68485	\$ 27,500	
27	LOCAL			11	0.100000	0.500000		68485	\$ 27,500	
28	LOCAL	S	15,000	12	1.050000	0.750000	-0.050000	21485	\$ 27,402	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
25	\$ 21									
26	\$ 21									
27	\$ 21									
28	\$ 260									
Covered Auto No.	PERSONAL INJURY PROTECTION		ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)				
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below	Premium	Limit Stated in Each Added PIP End	Premium		Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.	Premium			
25	SEE FORM(S)	\$ 6				SEE FORM(S)	\$ 22			
26	SEE FORM(S)	\$ 6				SEE FORM(S)	\$ 22			
27	SEE FORM(S)	\$ 6				SEE FORM(S)	\$ 22			
28	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION					
	Deductible	Premium	Premium		Deductible	Premium				
25	\$ 1,000	\$ 44			\$ 1,000	\$ 111				
26	\$ 1,000	\$ 44			\$ 1,000	\$ 111				
27	\$ 1,000	\$ 44			\$ 1,000	\$ 111				
28	\$ 1,000	\$ 53			\$ 1,000	\$ 129				
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.							
	Limit per Disablerment	Premium								
25										
26										
27										
28										

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Harleysville Lake States Insurance Co
 901 Wilshire Drive, Suite 520
 Troy, MI 48064-5605
 www.harleysvillegroup.com

Insured: PAVEX CORPORATION
 Agent: ZERVOS GROUP INC

Policy Number: BA00000042434S
 Policy Period: 11/17/2015 to 11/17/2016
 RENEWAL CERTIFICATE

BUSINESS AUTO SCHEDULE

ITEM THREE – Schedule of Covered Autos You Own

Covered Auto No.	DESCRIPTION						TERRITORY			
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)						Town and State where Covered Auto will be Principally Garaged			
29	2015 PETERBILT CONVENTIONAL 567, 1XPCD40X3FD276145						012 Trenton, MI 48183			
30	2011 LAND ROVER RANGE ROVER HSE, SALME1D42BA349362						012 Trenton, MI 48183			
31	2014 CADILLAC ATS LUXURY AWD, 1G6AH5RX3E0188551						012 Trenton, MI 48183			
32	2005 TOWNMASTER T50T, 4KN1T24395L161447						012 Trenton, MI 48183			
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED (U)
					Liability	Physical Damage				
29	LOCAL		50,000	2	2.350000	1.050000	-0.050000	50485	\$145,900	
30	LOCAL	S	5,000	6	1.000000	1.000000	-0.050000	01489	\$ 79,685	
31				3	1.000000	1.000000		7398	\$ 45,000	
32	LOCAL			12	0.100000	0.500000		68405	\$ 24,000	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
29	\$ 625									
30	\$ 258									
31	\$ 261									
32	\$ 21									
Covered Auto No.	PERSONAL INJURY PROTECTION			ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)			
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below		Premium	Limit Stated in Each Added PIP End		Premium	Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.		Premium	
	29	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22		
30	SEE FORM(S)	\$ 65				SEE FORM(S)	\$ 22			
31	SEE FORM(S)	\$ 118				SEE FORM(S)	\$ 5			
32	SEE FORM(S)	\$ 6				SEE FORM(S)	\$ 22			
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS			COLLISION				
	Deductible	Premium	Premium			Deductible	Premium			
29	\$ 1,000	\$ 207				\$ 1,000	\$ 1,353			
30	\$ 1,000	\$ 122				\$ 1,000	\$ 468			
31	\$ 1,000	\$ 213				\$ 1,000	\$ 772			
32	\$ 1,000	\$ 34				\$ 1,000	\$ 75			
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interest's may appear at the time of the loss.							
	Limit per Disablement	Premium								
29										
30										
31										
32										

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 Agent: ZERVOS GROUP INC

Policy Number: BA00000042434S
 Policy Period: 11/17/2015 to 11/17/2016
 RENEWAL CERTIFICATE

BUSINESS AUTO SCHEDULE

ITEM THREE – Schedule of Covered Autos You Own

Covered Auto No.	DESCRIPTION						TERRITORY			
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)						Town and State where Covered Auto will be Principally Garaged			
33	2015 RAM RAM TRUCK 2500 ST, 3C6LR5AT5FG521008						012 Trenton, MI 48183			
34	2015 JEEP GRAND CHEROKEE LIMIT, 1C4RJFBG3FC664205						012 Trenton, MI 48183			
35	2016 RHODES WARRIORS STEELQUAD, 1A9SD2847GP432669						012 Trenton, MI 48183			
36	2016 PETERBILT CONVENTIONAL 567, 1XPCD40XXGD323205						012 Trenton, MI 48183			
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm'l	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED(U)
					Liability	Physical Damage				
33	LOCAL	S	5,000	2	1.000000	1.000000	-0.050000	01485	\$ 42,352	
34				2	1.000000	1.000000		7398	\$ 50,000	
35	LOCAL			1	0.100000	0.500000		68485	\$ 69,744	
36	LOCAL		50,000	1	2.350000	1.050000	-0.050000	50485	\$145,530	
Covered Auto No.	LIABILITY		AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)				
	Premium		Premium			Premium				
33	\$ 249									
34	\$ 270									
35	\$ 22									
36	\$ 625									
Covered Auto No.	PERSONAL INJURY PROTECTION		ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)				
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below		Limit Stated in Each Added PIP End			Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.				
	Premium		Premium			Premium				
33	SEE FORM(S)		SEE FORM(S)			SEE FORM(S)				
34	\$ 65					\$ 22				
35	\$ 118					\$ 5				
36	\$ 6					\$ 22				
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION					
	Deductible	Premium	Premium		Deductible	Premium				
33	\$ 1,000	\$ 130			\$ 1,000	\$ 517				
34	\$ 1,000	\$ 213			\$ 1,000	\$ 772				
35	\$ 1,000	\$ 80			\$ 1,000	\$ 353				
36	\$ 1,000	\$ 206			\$ 1,000	\$ 1,349				
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.							
	Limit per Disablement	Premium								
33										
34										
35										
36										

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Insured: PAVEX CORPORATION
 Agent: ZERVOS GROUP INC

Policy Number: BA00000042434S
 Policy Period: 11/17/2015 to 11/17/2016
 RENEWAL CERTIFICATE

BUSINESS AUTO SCHEDULE

ITEM THREE – Schedule of Covered Autos You Own

Covered Auto No.	DESCRIPTION							TERRITORY		
	Year Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)							Town and State where Covered Auto will be Principally Garaged		
37	2000 CHEVROLET K2500, 1GCGK29R3YF498662							012 Trenton, MI 48183		
38	2000 KENWORTH CONSTRUCT T800, 3WKDDB0X4YF840067							012 Trenton, MI 48183		
39	2016 RHODES QUAD AXLE, 1A9SD2843GP432670							012 Trenton, MI 48183		
40	2016 KAUFMAN DP50 LOWBOY, 5VGFR4234GL000155							012 Trenton, MI 48183		
Covered Auto No.	CLASSIFICATION							PURCHASED		
	Radius of Operation	Business Use S = Service R = Retail C = Comm	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Original Cost New	Actual Cost & NEW (N) USED(U)
					Liability	Physical Damage				
37	LOCAL	S	5,000	12	1.000000	1.000000	-0.050000	01485	\$ 25,307	
38	LOCAL		50,000	12	2.350000	1.050000	-0.050000	50485	\$ 53,000	
39	LOCAL			1	0.100000	0.500000		68479	\$ 69,744	
40	LOCAL			1	0.100000	0.500000		68405	\$ 53,425	
Covered Auto No.	LIABILITY			AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			
	Premium			Premium			Premium			
37	\$ 249									
38	\$ 625									
39	\$ 21									
40	\$ 21									
Covered Auto No.	PERSONAL INJURY PROTECTION			ADDED PERSONAL INJURY PROTECTION			PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)			
	Limit Stated in Each Personal Injury Protection End Minus Deductible Shown below			Limit Stated in Each Added PIP End			Limit Stated in the Property Protection Insurance End Minus Deductible Shown below.			
37										
38	SEE FORM(S)	\$ 65					SEE FORM(S)	\$ 22		
39	SEE FORM(S)	\$ 6					SEE FORM(S)	\$ 22		
40	SEE FORM(S)	\$ 6					SEE FORM(S)	\$ 22		
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS			COLLISION				
	Deductible	Premium	Premium			Deductible	Premium			
37	\$ 1,000	\$ 71				\$ 1,000	\$ 175			
38	\$ 1,000	\$ 82				\$ 1,000	\$ 340			
39	\$ 1,000	\$ 80				\$ 1,000	\$ 441			
40	\$ 1,000	\$ 68				\$ 1,000	\$ 272			
Covered Auto No.	TOWING AND LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.							
	Limit per Disablement	Premium								
37										
38										
39										
40										

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Insured: PAVEX CORPORATION
 Agent: ZERVOS GROUP INC

Policy Number: BA00000042434S
 Policy Period: 11/17/2015 to 11/17/2016
 RENEWAL CERTIFICATE

DRIVERS SCHEDULE

The following material contains important information about your policy. Please read it carefully.

Operator Number	Name	Date of Birth	License State	License Number
1	Brian Morrison	7/31/1983	MI	M625098285599
2	Donna Morrison	12/14/1948	MI	M625149085949
3	Michael Bankovich	9/9/1954	MI	B521603261701
4	Thomas Morrison	8/22/1979	MI	M625792135655
5	Breanna Pettinga	8/31/1979	MI	P352098098678
6	Bryan Bass	7/1/1965	MI	B200098465521
7	Jessie Bradshaw	6/9/1968	MI	B632403135432
8	Walter Brast	9/7/1958	MI	B623866744696
9	Marco Carrillo	2/10/1975	MI	C640585067108
10	Anthony Degg	11/8/1967	MI	D200067071934
11	Robert Patterson	3/31/1967	MI	P362745777229
12	Kenneth Sweet	9/18/1970	MI	S300465367724
13	Kevin Thomas	2/10/1969	MI	T520465730109
14	Hector Cotto	2/24/1971	MI	C300302244143
15	Carl Ward	4/29/1979	MI	W630108067328
16	Robert Wendt	12/11/1969	MI	W530745135942

POLICY NUMBER: BA00000042434S

COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PAVEX CORPORATION
Endorsement Effective Date: 11/17/2015
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

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SCHEDULE

Insurance Company: Harleysville Lake States Insurance Co	
Policy Number: BA00000042434S	Effective Date: 11/17/2015
Expiration Date: 11/17/2016	
Named Insured: PAVEX CORPORATION	
Address: 2654 Van Horn Rd Trenton, MI 48183-4164	
Additional Insured (Lessor): Chrysler Capital	
Address: PO Box 961272 Fort Worth, TX 76161-0272	
Designation Or Description Of "Leased Autos": 0010 2014 RAM TRUCK 2500 ST RAM 3C6LR5ATXEG160048	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 CSL Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: BA00000042434S

COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PAVEX CORPORATION
Endorsement Effective Date: 11/17/2015
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

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SCHEDULE

Insurance Company: Harleysville Lake States Insurance Co	
Policy Number: BA00000042434S	Effective Date: 11/17/2015
Expiration Date: 11/17/2016	
Named Insured: PAVEX CORPORATION	
Address: 2654 Van Horn Rd Trenton, MI 48183-4164	
Additional Insured (Lessor): Chrysler Capital	
Address: PO Box 189 Minneapolis, MN 55440-0189	
Designation Or Description Of "Leased Autos": 0016 2014 RAM TRUCK 2500 ST RAM 3C6MR5AJ5EG186642	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 CSL Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: BA00000042434S

COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PAVEX CORPORATION
Endorsement Effective Date: 11/17/2015
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

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SCHEDULE

Insurance Company: Harleysville Lake States Insurance Co	
Policy Number: BA00000042434S	Effective Date: 11/17/2015
Expiration Date: 11/17/2016	
Named Insured: PAVEX CORPORATION	
Address: 2654 Van Horn Rd Trenton, MI 48183-4164	
Additional Insured (Lessor): Scottrade Bank	
Address: 12800 Corporate Hill Dr Saint Louis, MO 63131-1845	
Designation Or Description Of "Leased Autos": 0017 2015 CONVENTIONAL 567 PETERBILT 1XPCD40X3FD273956	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 CSL Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

- For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - You;
 - Any of your "employees" or agents; or
 - Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: BA00000042434S

COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PAVEX CORPORATION
Endorsement Effective Date: 11/17/2015
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

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SCHEDULE

Insurance Company: Harleysville Lake States Insurance Co	
Policy Number: BA00000042434S	Effective Date: 11/17/2015
Expiration Date: 11/17/2016	
Named Insured: PAVEX CORPORATION	
Address: 2654 Van Horn Rd Trenton, MI 48183-4164	
Additional Insured (Lessor): DFCU	
Address: PO Box 660250 Sacramento, CA 95866-0250	
Designation Or Description Of "Leased Autos": 0030 2011 RANGE ROVER HSE LAND ROVER SALME1D42BA349382	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 CSL Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- You;
- Any of your "employees" or agents; or
- Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: BA00000042434S

COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PAVEX CORPORATION
Endorsement Effective Date: 11/17/2015
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

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SCHEDULE

Insurance Company: Harleysville Lake States Insurance Co	
Policy Number: BA00000042434S	Effective Date: 11/17/2015
Expiration Date: 11/17/2016	
Named Insured: PAVEX CORPORATION	
Address: 2654 Van Horn Rd Trenton, MI 48183-4164	
Additional Insured (Lessor): Chrysler Capital	
Address: PO Box 6 Minneapolis, MN 55440-0006	
Designation Or Description Of "Leased Autos": 0034 2015 GRAND CHEROKEE LIMIT JEEP 1C4RJFBG3FC664205	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 CSL Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



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Anselmi Mierzejewski Ruth & Sowle P.C.
1750 South Telegraph Road, Suite 306
Bloomfield Hills, Michigan 48302-0166
Attn: Mark L. Nawrocki

RE: Willie Griffin V Michigan Assigned Claims Plan, et al

Dear Mr. Nawrocki:

As per our conversation of 11-6-2017, I have enclosed the following documents regarding the above referenced matter.

1. Copy of State of Michigan Traffic Crash report.
2. Copy of Incident or Accident Investigation Form as filled out by our driver, Gilbert Gonzalez.
3. A copy of the Waterford Police Department Accident/Crash Information Slip, containing an Incident Number.
4. A copy of the current Michigan Registration for the vehicle along with a copy of the Certificate of Insurance in effect at the time of the incident.

Sincerely

A handwritten signature in black ink, appearing to be "Thomas J. Cicotte". The signature is written in a cursive style with a large loop at the beginning and a long horizontal stroke extending to the right.

Thomas J. Cicotte

2654 Van Horn Road
Trenton, MI 48183
734-676-6220, telephone
734-818-1685, fax
pavexco@gmail.com

RECEIVED by MSC 10/18/2021 10:30:16 AM

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)		External # 00654640		Crash ID 654640		Page 1 of 1 Incident # 160010913 File Class 5400				
STATE OF MICHIGAN TRAFFIC CRASH REPORT										
CR# MI6380800		Department Name WATERFORD PD								
Crash Date 05/06/2016		Crash Time 19:09	No. of Units 1	Crash Type 1-SINGLE MOTOR VEHIC		Special Circumstances <input type="checkbox"/> Non-School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Deer <input type="checkbox"/> Raining Police				
County 63 - OAKLAND		Traffic Control NONE OF THESE		Relation to Roadway ON ROAD		Weather CLEAR				
City/Twp 21 - WATERFORD TWP		Construction Zone (if applicable) Type		Lane Closed	Activity	Light DAYLIGHT	Road Condition DRY			
Total Lanes 5		Speed Limit 45		Posted YES						
LOCATION										
Prefix DIXIE		Road Name DIXIE		Road Type HWY		Suffix Divided Roadway				
Distance 1000 FT SE		Traffic Way 1-NOT PHYSICALLY DIVIDED				Access Control 1-NO ACCESS CONTROL				
Prefix HATCHERY		Intersecting Road HATCHERY		Road Type RD		Suffix Divided Roadway				
Unit Number 1	Unit Known Y	State MI	Driver License Number	Date of Birth (Age) (57)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex M	Total Occupants 1	Hazardous Action 00-NONE	
Unit Type M	Driver Information WILLIE L GRIFFIN			Injury B	Position 01	Restraint 12	Hospital 630120-PONTIAC OSTEOPATHIC HOSPITAL			
Driver Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 00		Intoxec NO	Ejected NO	Trapped NO	Airbag Deployed NO	Ambulance 631016-WATERFORD TWP FIRE DEPT.				
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered		Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results		Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Results		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Caution <input type="checkbox"/> Other
Vehicle Registration 3PB87		State MI	Insurance / Policy # ALL STATE 906634697	Towed To/By METRO TOWING (248) 623-1010		Special Vehicles 0	Private Transfer Type	Vehicle Detail		
VIN 1HFSC47054A300992		Make HONDA		Model GOLDWING		Year 2004	Vehicle Type 05-CYCLE			
Location of Greatest Damage 2		First Impact 2	Extent of Damage 2	Drivable YES	Vehicle Direction SE	Vehicle Use 01-PRIVATE		Action Prior 01-GOING STRAIGHT AHEAD		
Sequence of Events (1 = indicates MOST harmful event)		First 01-LOSS OF CONTROL	Second * 03-RAN OFF ROADWAY-LEFT	Third 34-CURB	Fourth					
PASSENGERS										
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
CARRIER INFORMATION										
Carrier Information				Carrier Source GVWR	ICC/MC	USDOT	MPSC			
Driver's CDL Type				Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 05 <input type="checkbox"/> 38			
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #			
OWNERS					OWNER INFORMATION					
Owner Information					Owner Information					
Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:					Damaged Property			Public		
Owner & Phone										

Unit Number		Unit Abbrev	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex	Total Occupants	Hazardous Action	
Unit Type	Driver Information				Injury	Position	Restraint	Hospital			
Driver Condition C1 C2 C3 C4 C5 C6 C7 C8 C9 C99					Interlock	Ejected	Trapped	Airbag Deployed	Ambulance		
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine					Test Results			Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Citation <input type="checkbox"/> Other		
Vehicle Registration	State	Insurance / Policy #	Towed To/By		Special Vehicles	Private Trailer Type	Vehicle Defect				
VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type					
Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use						
Sequence of Events (* indicates MOST harmful event)		First	Second	Third	Fourth						
Passenger Information					Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information					Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information					Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information					Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information					Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
					Driver's CDL Type	Endorsements C H P C T C N F S C X	CDL Exempt <input type="checkbox"/> Farm	CDL Restrictions C 28 C 29 C 30 C 35 C 36			
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material C Placard C Cargo Spill		ID #	Class #			
Owner Information					Owner Information						
Witness Information GILBERT GONZALEZ					Witness Information CHERYL LYNN ANSEL						
Age:					Age:						
Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)		2nd Investigator Name (Badge)		Phone By					
YES	05/06/2016 (19:09)	MOQUINB (603)									
Narrative					Diagram						
<p>#1 WAS S/B ON DIXIE HWY, #1 SAID HE LOST CONTROL WHEN A BIG TRUCK WITH A TRAILER CHANGED LANES.</p> <p>WITNESS IN THE TRUCK STATED HE WAS CHANGING LANES. WITNESS OBSERVED #1 BEHIND HIM ROUGHLY 5 TO 6 CAR LENGTHS. WITNESS STATED WHEN HE MADE THE LANE CHANGE, HE HEARD A CRASH BUT NO CONTACT WAS MADE WITH HIS TRUCK OR TRAILER.</p> <p>WITNESS 2 STATED #1 LOST CONTROL WHEN THE TRUCK CHANGED LANES. WITNESS 2 SAID NO CONTACT WAS MADE WITH #1 AND THE TRUCK. WITNESS 2 SAID #1 OVER REACTED AND LOST CONTROL OF THE CYCLE.</p> <p>#1 WAS TRANSPORTED TO MCLAREN FOR MULTIPLE INJURIES. THE MOTORCYCLE WAS TOWED VIA METRO TOWING.</p>											



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Incident or Accident Investigation Form

Job # _____ Job Name: _____

Particulars of Accident

Date of accident *5/6/2016*

Mon Tues Wed Thur Fri Sat Sun (circle appropriate day)

Time *7:00 PM*

Location *Dixie Hwy just north of Hachery Waterford, MI*

Date reported *5/6/2016*

The Injured Person

Name *Motorcycle rider ?*

Address

Phone number

Date of accident

Damaged Property

Property/material damaged

Make and model *Motorcycle damaged*

Serial or VIN #

Nature of damage

Retail value

Cost of loss (provide estimate)

2654 Van Horn Road
Trenton, MI 48183
734-676-6220, telephone
734-818-1685, fax
pavexco@gmail.com

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The Accident

Description

Describe what happened (space on back for diagram—essential for all vehicle accidents)
Returning to Van Horn from Waldon Rd. jobsite, headed north on Dixie Hwy. traveling in r/c lane made lane change to left lane occupied by motorcycle. Turn signal remained on paused in left lane for 1-2 seconds then made another lane change to center (left turn) lane. As I was completing that lane change saw in mirror that motorcycle lost control and crashed.

Analysis

What were the causes of the accident?
I had enough distance between motorcycle and my truck to safely change lanes. Motorcycle never made contact with my vehicle. My best guess is that motorcycle attempted to pass me in left turn lane not realising that I would make second lane change.

Prevention

What action has or will be taken to prevent a recurrence?
By whom In the future I will be extra careful when close to motorcycles. I should just let motorcycle pass me no matter how much room to change lanes.
When Then make lane change.

Investigation of Accident

Accident investigated by Waterford police, Third party witness behind motorcycle gave statement to police
Police report number (if filed) confirming that our vehicle never made contact. I was issued no ticket
Date I was not at fault. It was unfortunate accident. I will do my best to avoid any like this thing

2654 Van Horn Road
Trenton, MI 48183
734-676-6220, telephone
734-818-1685, fax
pavexco@gmail.com

Gilbert Gonzalez
service truck driver - Paving Crew
Gilbert Gonzalez
5/10/2016

WATERFORD PD
5150 CIVIC CENTER DR
WATERFORD MI 48329



Accident/Crash Information Slip (ID: 654640)

Crash Details:

Incident Number
160010918

Officer
MOQUINB (603)

Crash Date/Time
05/06/2016 07:09 PM

Location
DIXIE & HATCHERY

Service Provided By:

CLEMIS

For more information visit www.clemis.org
For purchases, payments and other services visit
<https://payments.clemis.org/extservices>

G. T. GONZALEZ
WITNESS

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY

Harleysville Insurance Company

POLICY NUMBER

BA00000042434S

EFFECTIVE DATE

11/17/2015

EXPIRATION DATE

11/17/2016

YEAR

1995

MAKE/MODEL

International 4

VEHICLE IDENTIFICATION NUMBER

1HTSDAAN3SH214906

AGENCY/COMPANY ISSUING CARD

ZERVOS GROUP, INC.

INSURED

PAVEX CORPORATION, INC.

2654 Van Horn

Trenton, MI 48183

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction. # 20678

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

AS 75

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of State

Plate: AC31739 Expires: 10/20/2017

RENEWAL OF AC31739
1995 INTERNATIONAL VAN

Vehicle No.: 1HTSDAAN3SH214906
M 525 098 285 599

Fee Cat. or Wt.: 048000
County: WAYNE

PAVEX COROPRATION
9786 HAWTHORNE GLEN DR
GROSSE ILE MI 48138



AC31739 P

License Fee: 311.00

07202017 A6 F201 110 0121 311.00

TR 11

Authority: *949 PA 300, Sec 257.022 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Hwy 11/20/06)		External # 00654640		Crash ID 654640		Page 1 of 1 Incident # 160010918 File Class 5-400		
STATE OF MICHIGAN TRAFFIC CRASH REPORT						Incident Status CLOSED		
UIN: MI6380800		Department Name WATERFORD PD				Reviewer: WHITE (00233)		
Crash Date 05/06/2016		Crash Time 19:09	No. of Units 1	Crash Type 1-SINGLE MOTOR VEHIC		Special Circumstances <input type="checkbox"/> None <input type="checkbox"/> Deer <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Fleeing Police		
County 63 - OAKLAND		Traffic Control NONE OF THESE		Relation to Roadway DN ROAD		Weather CLEAR		
City/Twp 21 - WATERFORD TWP		Construction Zone (if applicable) Type		Lane Closed		Activity		
Light DAYLIGHT		Road Condition DRY		Total Lanes 5		Speed Limit 45		
Posted YES		Area 10-NON-FRWY STRAIGHT ROADWAY						
LOCATION	Prefix DIXIE		Road Name DIXIE		Road Type HWY		Suffix Divided Roadway	
	Distance 1000 FT SE		Traffic Way 1-NOT PHYSICALLY DIVIDED		Access Control 1-NO ACCESS CONTROL			
	Prefix HATCHERY		Intersecting Road HATCHERY		Road Type RD		Suffix Divided Roadway	
Unit Number 1	Unit Known Y	State MI	Driver License Number		Date of Birth (Age) (57)	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	
Sex M	Total Occupants 1	Hazardous Action 00-NONE	Injury B	Position 01	Restraint 12	Hospital 830120-PONTIAC OSTEOPATHIC HOSPITAL		
Driver Information WILLIE L GRIFFIN		Driver Condition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99		Interlock NO	Ejected NO	Trapped NO	Airbag Deployed NO	
Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered		Test Results		Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Test Results		
Vehicle Registration 3PB87		State MI		Insurance / Policy # ALL STATE 906634697		Towed To/By METRO TOWING (248) 623-1010		
VIN 1HFSC47054A300992		Vehicle Description HONDA		Model GOLDWING		Color RED		
Year 2004		Vehicle Type 05-CYCLE		Location of Greatest Damage 2		First Impact 2		
Exent of Damage 2		Drivable YES		Vehicle Direction SE		Vehicle Use 01-PRIVATE		
Action Prior 01-GOING STRAIGHT AHEAD		Sequence of Events First 01-LOSS OF CONTROL		Second * 03-RAN OFF ROADWAY-LEFT		Third 34-CURB		
Fourth		(* indicates MOST harmful event)						
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	
	Injury				Airbag Deployed	Ejected	Trapped	
	Hospital				Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	
	Injury				Airbag Deployed	Ejected	Trapped	
	Hospital				Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position		
Injury				Airbag Deployed	Ejected	Trapped		
Hospital				Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position		
Injury				Airbag Deployed	Ejected	Trapped		
Hospital				Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position		
Injury				Airbag Deployed	Ejected	Trapped		
Hospital				Ambulance				
CARRIER	Carrier Information				Carrier Source <input type="checkbox"/> GVWR <input type="checkbox"/> ICCMC <input type="checkbox"/> USDOT <input type="checkbox"/> MPSC	Driver's CDL Type <input type="checkbox"/> CH <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CN <input type="checkbox"/> FS <input type="checkbox"/> FX		
	Endorsements <input type="checkbox"/> Farm <input type="checkbox"/> Other		CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other		CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36		Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	
	Interstate/Intrastate		Vehicle Type		Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	
Medical Card		Hazardous Material		ID #		Class #		
OWNERS	Owner Information				Owner Information			
	Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:				Damaged Property Owner & Phone			

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chouler <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex	Total Occupants	Hazardous Action		
Unit Type	Driver Information			Injury	Position	Restraint	Hospital				
Driver Condition				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance			
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered Test Type: <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Test Results		Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Test Type: <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other			
Vehicle Registration	State	Insurance / Policy #		Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect		
VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type					
Location of Greatest Damage	First Impact	Extent of Damage	Overlaps	Vehicle Direction	Vehicle Use	Action Point					
Sequence of Events		First	Second	Third	Fourth						
* indicates MOST harmful event											
PASSENGERS	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
HERMION/REARERS	Carrier Information			Carrier Source	GVWR	ICCMC	USDOT	MPSC			
				Driver's CDL Type	Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 26 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 38				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		ID #	Class #		
	Owner Information			Owner Information							
	Witness Information GILBERT GONZALEZ			Witness Information CHERYL LYNN ANSEL							
	Age:			Age:							
Investigated at Scene: YES	Reported Date (Time) 05/06/2018 (19:09)	1st Investigator Name (Badge) MOQUINB (603)		2nd Investigator Name (Badge)			Photos By				
Narrative				Diagram							
<p>#1 WAS S/B ON DIXIE HWY. #1 SAID HE LOST CONTROL WHEN A BIG TRUCK WITH A TRAILER CHANGED LANES.</p> <p>WITNESS IN THE TRUCK STATED HE WAS CHANGING LANES. WITNESS OBSERVED #1 BEHIND HIM ROUGHLY 5 TO 6 CAR LENGTHS. WITNESS STATED WHEN HE MADE THE LANE CHANGE, HE HEARD A CRASH BUT NO CONTACT WAS MADE WITH HIS TRUCK OR TRAILER.</p> <p>WITNESS 2 STATED #1 LOST CONTROL WHEN THE TRUCK CHANGED LANES. WITNESS 2 SAID NO CONTACT WAS MADE WITH #1 AND THE TRUCK. WITNESS 2 SAID #1 OVER REACTED AND LOST CONTROL OF THE CYCLE.</p> <p>#1 WAS TRANSPORTED TO MCLAREN FOR MULTIPLE INJURIES. THE MOTORCYCLE WAS TOWED VIA METRO TOWING.</p>											