

To: DPU

ATTN: Sadie Hardomm

Fr: The Movers of Boston, Inc.

Updated Tariff and proof of insurance

If you have any questions call me at 617.450.0099

Dom McDuffie

#31559

FOR DEPOSIT ONLY
DEPT. OF PUBLIC UTILITIES
ACC# 000053590321
01 0808'2017 13:05 N000005
TND CHECK \$100.00

PAID

AUG 08 2017

Commonwealth of Massachusetts
Department of Public Utilities

Hourly Rates Page 1 of 2

Discount Rate Valid September 3rd to April 31

Two movers no truck \$99 per hour

Two movers + truck \$120 per hour

Each additional mover \$40 per hour regardless of truck

Travel Fee is equal to 1 hour of hourly rate

All moves have a 3 hour labor minimum plus the travel fee.

Final hour of move is pro-rated every 15 minutes.

Standard Rate Valid May 1 to August 25

Two movers no truck \$99 per hour

Two movers + truck \$130 per hour

Each additional mover \$40 per hour regardless of truck

Travel Fee is equal to 1 hour of hourly rate

All moves have a 3 hour labor minimum plus the travel fee.

Final hour of move is pro-rated every 15 minutes.

Hourly Rates Page 2 of 2

Peak Rate Valid August 26 to September 2

Two movers no truck \$140 per hour

Two movers + truck \$180 per hour

Each additional mover \$40 per hour regardless of truck

Travel Fee is equal to 1 hour of hourly rate

All moves have a 3 hour labor minimum plus the travel fee.

Final hour of move is pro-rated every 15 minutes.

END

Hourly Rates Page 1 of 2

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END



**COMMERCIAL LINES POLICY
COMMON DECLARATIONS
COMMERCIAL MARINE**

Renewal Of : IHN 9285649 04

Coverage is provided in the: Hanover Insurance Company
440 Lincoln Street
Worcester, Massachusetts 01653

POLICY NUMBER		POLICY PERIOD		AGENCY CODE
	FROM	TO		
IHN 9285649 05	09/09/2016	09/09/2017	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATION.	3202490
NAMED INSURED AND MAILING ADDRESS			AGENT	
(Street, Town or City, County, State, Zip Code) THE MOVERS OF BOSTON INC			EASTERN INS GROUP LLC	
61 QUEEN ANNE COURT UNIT TH5 WEYMOUTH MA 02189			77 ACCORD PARK DR, UNIT B1 NORWELL MA 02061	

DESCRIPTION OF BUSINESS

Individual Corporation Partnership Joint Venture Other:

Business Description: HOUSEHOLD GOODS MOVERS

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. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
• Commercial Inland Marine Coverage Part	\$2,477
• Terrorism	\$25
• State Surcharges	\$0
PREMIUM	PAYMENT PLAN:
<input checked="" type="checkbox"/> The total premium of \$ 2,502.00 is due at inception	DIRECT BILL V4
<input type="checkbox"/> The total premium includes a deposit premium subject to adjustment	
See list of Form (s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue.	

Countersigned:

By

Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PARTS COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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