



NATALIE A. HUBLEY
PRESIDENT

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400 Boston, Massachusetts 02110
www.commauto.com 617-338-4000

July 3, 2018

COMMERCIAL LINES NOTICE NO. 119

Principal Place of Business Certification Form Approved
(SERFF filing CARI-131558595)

On June 28, 2018, the Division of Insurance placed on file the Principal Place of Business Certification Form (CR 00 01 08 18) with an effective date of August 1, 2018. The Certification Form is attached.

The Principal Place of Business Certification Form is required for all risks. It will be used in accordance with established Servicing Carrier and Exclusive Representative Producer (ERP) standard procedures to validate an applicant's principal place of business and to provide further verification of a risk's eligibility for placement in the commercial residual market pursuant to Rule 2 of CAR's Rule of Operation. Further information relative to the established procedures and use of the Certification Form will be published in a CAR Bulletin in the near future.

Questions may be directed to the undersigned at tgalligan@commauto.com.

TIMOTHY GALLIGAN
Actuarial & Statistical Services Director

Attachment

PRINCIPAL PLACE OF BUSINESS CERTIFICATION FORM

*****TO BE CERTIFIED BY ALL APPLICANTS PRIOR TO PLACEMENT IN THE COMMERCIAL
AUTOMOBILE INSURANCE RESIDUAL MARKET (CAR)*****

By submitting this application, I represent that the applicant's principal place of business is located in Massachusetts. Principal Place of Business, as it applies to the definition of an Eligible Risk, is defined as the chief or usual place of business. It is the corporation's nerve center, its center of direction, control, and coordination, the place where the principal officers generally transact business and the place to which reports are made and from which orders emanate. It is the place where the majority of executive and administrative functions are performed*. I understand that I am required to cooperate with and notify the insuring carrier of any change to information presented in the application, including information pertinent to the identified principal place of business, during the policy period. **I also understand that, if found responsible for fraud or material misrepresentation in the application or any extension or renewal of the policy, the insurance company can cancel or rescind all or part of the insurance and/or deny coverage of a claim pursuant to the provisions of the policy and applicable law.** By signing below, I hereby certify that all information provided herein and all other information submitted with the company's application is true and accurate.

Name of Business: _____

Address of Principal Place of Business: _____

Printed Name of Applicant's Authorized Representative: _____

Signature of Applicant's Authorized Representative: _____

Title: _____

Date: _____

Witness to the Signator and Signing above:

Signature of Producer: _____

Printed Name of Producer: _____

Agency Name: _____

Date: _____

MA Fraud Warning: "Any person who knowingly and with the intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties."

---Documentation to be submitted to the insuring Servicing Carrier, copy to be retained by Producer---

* Commonwealth Automobile Reinsurers Rules of Operation, Chapter 2 – Definitions

(ed. 08-18)