650 802 8181

December 27, 2022

<u>Via Federal Express</u> Priority Overnight Delivery

Attn: Donna Donovan Select Board Office Natick Town Hall 13 East Central Street Natick, MA 01760

Re: Lucid Group USA, Inc.;

Auto Dealer License Renewal Application - Class 1 Sale of New Motor Vehicles;

License No.: 2022:CLI-12

Dear Donna,

Please see attached the following documents required for Lucid Group USA, Inc. to apply for a renewal license as a Motor Vehicle Dealer for the location, 1245 Worcester Street, Suite 3210, Natick, MA 01760:

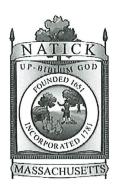
- 1. Auto Dealer License Renewal Application Class I Sale of New Motor Vehicles; and
- 2. Workers' Compensation Insurance Affidavit with Certificate of Liability Insurance.

The check in the amount of \$200 for the renewal fee payable to the Town of Natick will follow separately ASAP – please renew.

If you need to reach me, please do not hesitate to contact me either by cell at 408-427-1606 or via email at ingridrobertson@lucidmotors.com.

Thank you!!

Ingrid Robertson Senior Paralegal



Office Use Only:		124 4 50	
Date Pmt Rec'd:	Fee Paid: \$	Check No:	

TOWN OF NATICK

AUTO DEALER LICENSE RENEWAL APPLICATION

(Type or print clearly; illegible applications will not be accepted)

For Calendar Year: 2023 Date Submitted:							
The undersigned hereby applies for renewal of an Auto Dealer's License in accordance with the provisions of the Statutes relating thereto (Massachusetts General Laws, Chapter 140, Sections 57-69):							
XClass ISale of New Motor VehiclesFee: \$200Class IISale of Used Motor VehiclesFee: \$200Class IIIMotor Vehicle Junk LicenseFee: \$150							
Jame of Person, Firm, or Corporation Making Application (Licensee):							
Lucid Group USA, Inc.							
lame of Establishment (d/b/a)							
Address of Establishment 1245 Worcester Street, Suite 3210, Natick, MA 01760							
Mailing address (if different from establishment)							
Attn: Legal Dept., 7373 Gateway Boulevard, Newark, CA 94560							
Contact Person (to whom <u>ALL</u> licensing information will be sent, <u>including renewal notice and license</u>) Ingrid Robertson, Attn: Legal Dept., 7373 Gateway Blvd., Newark, CA 94560							
mail Address_legal@lucidmotors.comPhone408-427-1606							
Maximum number of vehicles: 0 Dealer Plate(s): yes x no Number of Dealer Plates 15							
ist Plate Registration Numbers:							
las any license issued to you under MGL. Chapter 140 or 90, Sec. 5 ever been suspended or revoked? Yes noX							
Have any complaint(s) been registered with the Attorney General's office concerning your dealership within the past year? Yes no_ X _ If yes, please attach an explanation of the complaint(s) and the result of the complaint(s).							

Used Vehicle Record Book In Compliance with RMV, Section 62 yesnoX - Class I New Motor Vehicles				
I, the Undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.				
Tax Attestation: Furthermore, Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.				
Print Name of Applicant or Corporate Officer				
Gagan Dhingra				
Signature of Applicant or Corporate Officer				
Date				

Please submit completed application and all required supporting materials as listed below to the Select Board's Office (508-647-6410), Natick Town Hall, 13 East Central Street, Natick, MA 01760.

Required documents:

- 1. Proof of Workers Compensation Insurance (if applicable)
- 2. Workers' Compensation Insurance Affidavit
- 3. Proof of \$25,000 Surety Bond
- 4. Application fee (check made payable to the Town of Natick or on line at https://www.natickma.gov/366/Online-Payments)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER Newfront Insurance Services				CONTAC NAME:	CT (Cert Request			
777 Mariners Island Blvd Suite 250				PHONE (A/C, No	o, Ext):	650-488-8565	FAX (A/C, No):		
San Mateo, CA 94404				E-MAIL ADDRES	ss:	TechCertRequ	uest@newfront.com		
				INSURER(S) AFFORDING COVERAGE NAIC #			NAIC#		
www.newfront.com				INSURER A: Hartford Accident and Indemnity Company			22357		
INSURED				INSURER B: Hartford Underwriters Insurance Company			30104		
Lucid Group, Inc. Lucid Group USA, Inc.				INSURER C:					
Lucid USA, Inc.			INSURER D :						
7373 Gateway Blvd. Newark CA 94560			INSURER E :						
			INSURER F:						
COVERAGES CERTIFICATE NUMBER: 71949417				VE DEE	N IOOUED TO		REVISION NUMBER:	LIOV PERIOR	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				WHICH THIS					
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER:							\$ COMPINED SINGLE LIMIT	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
-	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &	
-	AUTOS ONLY AUTOS ONLY							(Per accident)	
	UMBRELLA LIAB OCCUP							\$	
-	- SYSTEM LIAB							EACH OCCURRENCE \$	
-	OLAIWO-WADE							AGGREGATE \$	
ΑV	DED RETENTION \$ VORKERS COMPENSATION			57 WN S74400		12/31/2022	4/15/2023	PER OTH- STATUTE ER	
B AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				57 WBR S74401 (MA)	12/31/2	12/31/2022	4/15/2023	· · · · · ·	00,000
	DFFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$1.0	· ·
l lí	(Waritatory in Mn) If yes, describe under DESCRIPTION OF OPERATIONS below						-,-	00.000	
	2200, 7,0,1 0, 0, 2,4,1,0,10 20,00								, , , , , , ,
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Evid	ence of insurance.								
CERTIFICATE HOLDER CANCELLATION									
CER	TIFICATE HOLDER			1	CANC	JELLA HUN			
Evidence of Insurance				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			AUTHORIZED REPRESENTATIVE						

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The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information	Please Print Legibly
Business/Organization Name: Lucid Group USA	., Inc.
Address: 1245 Worcester Street, Suite 3210	
City/State/Zip: Natick, MA 01760	Phone #: 508-276-4179
Are you an employer? Check the appropriate box: 1. X I am a employer with 3: employees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required] 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]** 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.] *Any applicant that checks box #1 must also fill out the section below showing th **If the corporate officers have exempted themselves, but the corporation has other organization should check box #1.	eir workers' compensation policy information.
I am an employer that is providing workers' compensation insurance Company Name: Hartford Accident and Indemnity Insurer's Address: One Hartford Plaza City/State/Zip: Hartford, CT 06115	rance for my employees. Below is the policy information. Company and Hartford Underwriters Insurance Company
Policy # or Self-ins. Lic. # 57 WN S74400 and 57 WBR Statach a copy of the workers' compensation policy declaration. Failure to secure coverage as required under Section 25A of MGI fine up to \$1,500.00 and/or one-year imprisonment, as well as cive of up to \$250.00 a day against the violator. Be advised that a copy Investigations of the DIA for insurance coverage verification.	n page (showing the policy number and expiration date). L c. 152 can lead to the imposition of criminal penalties of a vil penalties in the form of a STOP WORK ORDER and a fine
I do hereby certify under the pains and penalties of perjury that Signature:	t the information provided above is true and correct. Date: 12 27 2 -
Phone #: 650-802-8181	
Official use only. Do not write in this area, to be completed b	
City or Town: Pe Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town C 6. Other	
Contact Person	Phone #:



After printing this label:

FedEx Service Guide.

- 1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
- 2. Fold the printed page along the horizontal line.

 3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not additional billing charges, along with the cancellation of your FedEx account number. Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in