

THE LICENSING BOARD OF THE TOWN OF NATICK, MASSACHUSETTS

TAXI/LIVERY/LIMOUSINE LICENSE APPLICATION

Please fill out this form and return it to the Select Board's Office along with exhibits A and B, proof of workers' compensation insurance, a signed tax attestation form, a certificate of liability insurance, and a check made payable to the Town of Natick. Fees: \$10.00 per vehicle to be licensed and \$5.00 per driver's permit.

COMPANY NAME: The Kinder Group, LLC

ADDRESS: 5 Michigan Drive, Suite 106, Natick, MA 01760

MAILING ADDRESS (if different from above):

PHONE: (508)545-3750

EMAIL: bkinder@thekindergroup.us

COMPANY DESCRIPTION: Security Company - Executive Protection, Private Investigation, Executive Transportation

MANAGER: Major Robert W. Kinder, (U.S. Army, Retired)

PHONE: (360)561-1830

NUMBER OF VEHICLES REQUIRING A LICENSE (Please list details on Exhibit A): Two (2)

NUMBER OF DRIVERS REQUIRING A LICENSE (Please list details on Exhibit B): Three (3)

HOURS OF OPERATION: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
12:00am - 11:59pm - 24/7

DESCRIPTION OF COMPANY MANAGER'S EXPERIENCE: 24 Years Service in USAF and US Army - Retired as Major

- * Advisor to Senior Military and Civilian Leadership in Iraq and Afghanistan
- * Masters Degree in Public Administration from John F. Kennedy School of Government, Harvard University
- * Three years as Managing Director of Aerospace, Defense and Security practice at G2 Capital Partners - Investment Bank
- * Founder and CEO of Signal of New England - \$5m annual revenue company with over 100 employees in Natick
- Providing armed, unarmed security officers and roving vehicle patrols

Robert W. Kinder

02/28/2023

APPLICANT SIGNATURE

DATE



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: The Kinder Group, LLC

Address: 5 Michigan Drive, Suite 106

City/State/Zip: Natick, MA 01760

Phone #: (508)545-3750

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 1 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.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Security and Transportation

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: NorGUARD Insurance Company

Insurer's Address: P.O. Box AH, 39 Public Square

City/State/Zip: Wilkes-Barre, PA 18703-0020

Policy # or Self-ins. Lic. # KIWC227868

Expiration Date: 03/15/2023

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: *R. W. K.*

Date: 2/28/2023

Phone #: (360) 561-1830

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

EXHIBIT A

VEHICLE INFORMATION

[illegible]

[illegible]

TOWN OF NATICK
TAX ATTESTATION FORM

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.

The Kinder Group, LLC

***Print Name of Individual or Corporate Name
(Mandatory)**

The Kinder Group LLC

***Signature of Individual or Corporate Name
(Mandatory)**

Robert W. Kinder

**Print Name of Corporate Officer
(Mandatory, if Applicable)**

Robert W. Kinder

**By: Corporate Officer
(Mandatory, if Applicable)**

February 28, 2023

Date

bkinder@thekindergroup.us

Company E-Mail Address

86-1360008

**** Social Security Number (Voluntary) or
Federal Identification Number**

*This license will not be issued unless this certification clause is signed by the applicant.

*Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing and tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws Chapter 62C, Section 49A.



Workers' Compensation Proposal of Insurance for . . .

The Kinder Group LLC
5 Michigan Dr Ste 106
Natick, MA 01760

Berkshire Hathaway

GUARD Insurance

Companies specialize

in providing

insurance coverage

to businesses.

Total Estimated Premium: \$1,625.00

Effective Date: 03/15/2022 thru 03/15/2023

Proposal Number: KIWC227868

Payment Terms: 100% down payment, 1 monthly
installment(s)

Presented by
THE MECHANIC GROUP INC.
One Blue Hill Plaza
Suite 530
Pearl River, NY 10965

845-735-0700





About . . .

**BERKSHIRE
HATHAWAY INC.**

AA Rating
Standard & Poor's
(as of 2017)

Fortune 500 #2
(as of 2017)

S&P 500

Global 500 #8
(as of 2017)

Chairman
Warren Buffett

More About
Berkshire Hathaway – an international holding company with diverse interests that include insurance and reinsurance – is regularly recognized as one of the largest and strongest organizations in the world.



Quick Facts

Berkshire Hathaway GUARD Insurance Companies

Established:
1983

Ultimate Parent:
Berkshire Hathaway Inc.

Insurance Companies:
AmGUARD, EastGUARD, NorGUARD, and WestGUARD

A.M. Best Company Rating:
A+ ("Superior"); Financial Size Category X

CEO/President:
Sy Foguel, ACAS, FILAA

Locations:
Home office in PA; eight satellite offices across the United States

Specialty:
Commercial Property & Casualty accounts from a variety of classes

Products:*
We feature the following coverages that can be purchased separately or as part of a comprehensive multi-line solution:

- Workers' Compensation and Employer's Liability
- Businessowner's coverage (Property/Liability)
- Commercial Automobile
- Commercial Umbrella/Excess Liability
- Disability (NY only)
- Professional Liability
- Homeowners and Personal Umbrella

Operating Area:
Nationwide for Workers' Compensation and Businessowner's Policies with complementary Commercial Auto and Professional Liability available in most states by the end of 2018. (Visit www.guard.com for details.)

Performance:
Combined loss and expense ratio (consistently under 100%) that outperforms our peer group

Distribution Network:
Independent Insurance Agents throughout the country

Number of Policies Issued (2017):
256,000

Gross Written Premium (2017):
\$1.3 billion

Services:
Full range of underwriting, loss control, billing, and claims value-added services provided that help policyholders realize the full benefit of their coverage . . . in the easiest possible way

(Berkshire Hathaway GUARD has also been selected as a Workers' Compensation Servicing Carrier in eight states.)

**Not all products are available in all states or through all subsidiaries.*



Payment Terms:

Payment or draft information must be received by GUARD no later than 5 business days after inception. Always include your Proposal Number on all correspondence and checks.

Payment Options:

- **CREDIT CARD:** Go to the Policyholder Service Center at www.guard.com to register and make your payment OR call Customer Service at 1-800-673-2465. A fee may apply.
- **DIRECT DRAFT:** Complete the Authorization form (below) and fax to Accounting Services at 570-820-7968 OR make your Direct Draft payment from the Policyholder Service Center at www.guard.com. No Installment fee applies with ongoing Direct Draft payments.
- **e-CHECK:** Fax a copy of your completed check to 570-820-7968. MARK THE CHECK "FOR DRAFT," making sure not to obscure the routing number, account number, or payment amount.
- **TELEPHONE PAYMENT:** Call Customer Service at 1-800-673-2465.
- **MAIL PAYMENT:** Make check payable to Berkshire Hathaway GUARD Insurance Companies and include remittance voucher (below).

[See Direct Draft and Mailing Remittance Forms below.](#)

MAILING REMITTANCE SLIP

Customer Name: The Kinder Group LLC

Agency Name: THE MECHANIC GROUP INC.

Proposal Number: KIWC227868

Total Premium: \$1,625.00

Down Payment Amount: \$1,625.00

Mail Payment To: Berkshire Hathaway GUARD Insurance Companies
ATTN: Accounts Receivable
P.O. Box AH - 39 Public Square
Wilkes-Barre, PA 18703-0020

Direct Draft Authorization:

I hereby authorize Berkshire Hathaway GUARD (WestGUARD Insurance) to initiate pre-authorized debit transfers on behalf of my business for (select one) ☐ **one-time use** ☐ **ongoing use**, based on the information outlined below:

Policy(ies): KIWC227868

If this authorization applies to multiple policies, list all. For each, include the policy # and/or type (i.e., Comp, etc.); also, indicate new or renewal.

Name of Policyholder: The Kinder Group LLC

Bank Account #: _____ Bank Routing #: _____

Bank Name: _____

Name

City

State

Preferred Start Date: _____ Amount (if one-time Direct Draft): _____

Statement Delivery Preference: ☐ Fax ☐ E-mail ☐ Mail Fax # or E-mail: _____

[\(OPTIONAL\) Attach a voided check to assist us in verifying your account information.](#)

Authorized Signature: _____ Date Signed: _____

Printed Name: _____

Phone Number: _____

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.



Berkshire Hathaway
GUARD Insurance
Companies

Attn: Accounting Services - P.O. Box AH - Wilkes-Barre, PA 18703-0020 - FAX 570-820-7968

Proposal of Insurance

The Kinder Group LLC
Prospect Number KIWC227868
Renewal of KIWC284960 for 03/15/2022 to 03/15/2023

THE MECHANIC GROUP INC.
Steve Mechanic - Pearl River, NY
Phone Number: 845-735-0700
Fax#: 845-735-8383

Classification Analyst: Jessica James
Extension: 1300 / e-mail: SBUTeam@GUARD.com
Phone Number: 570-825-9900
Fax Number: 570-820-7968

We are very interested in renewing coverage on this account. If you would like to discuss any portion of this proposal to ensure that we have the best possible chance of success, we encourage you to call us.

Carrier:	NorGUARD Insurance Company
Coverage Option:	Guaranteed Cost
Payment Method:	Direct Draft
Limits Emp Liability:	500,000/500,000/500,000

Total Estimated Cost: \$1,625.00

(This amount includes state surcharges, is subject to any pending rate changes or required premium modifications, and is based on the most current information available to us.)

Information Needed to Issue:

No information needed to issue your policy has currently been identified. If we subsequently recognize a need, we will contact you with our request.

Payment Terms:

- * Please note that fees may apply and may vary by state. Fees are subject to change with or without notice.
- * Any checks returned or attempted bank drafts declined for insufficient funds or a closed account may be assessed a fee of up to \$20.00.
- * A late fee may be assessed of up to \$10.00 for payments received after the due date.
- * A convenience fee of up to \$7.00 will be added to credit card payments.

**Berkshire Hathaway GUARD Proposal
of Insurance (cont.)**

Important Notes:

- * This proposal can only be accepted by our receipt of the payment quoted above by the due date; otherwise, no coverage will be provided and our offer will expire. Our only offer of insurance is stated by the terms of this proposal and can only be changed by our issuance of a revised proposal.
- * Covered terrorism losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 85% of covered terrorism losses exceeding our insurer deductible. The premium charged for the coverage this policy provides for insured terrorism losses is included in the amount shown in the Policy Totals included with this proposal.
- * Applicable in Tennessee and Vermont: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
- * Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subject the person to criminal and [NY: Substantial] civil penalties. (Specific language not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN or VT; in DC, LA, ME, VA and WA, insurance benefits may also be denied).
- * This proposal can only be accepted by our receipt of the amount required on the draft date; otherwise, no coverage will be provided and our offer will expire. Our only offer of insurance is stated by the terms of this proposal and can only be changed by our issuance of a revised proposal.
- * Final premium calculations may include amounts you pay to subcontractors (including sole proprietors without employees) who do not have their own workers compensation coverage, because such subcontractors and/or their employees can file claims against you that we are required to defend or pay under the terms of your policy.

Your Business is Our Businesssm

Featuring toll-free telephone reporting of claims (888-NEW-CLMS), 24 hours a day, 7 days a week.

The Kinder Group LLC
Prospect Number KIWC227868
Renewal of KIWC284960 for 03/15/2022 to 03/15/2023

Rating Work Sheet

Massachusetts

Classification	Code	Premium Basis: Total Estimated Annual Remuneration	Rate per \$100 Remuneration	Estimated Annual Premium
Effective: 03/15/2022-03/15/2023				
DETECTIVE OR PATROL AGENCY & DRIVER	7720	90,000.00	1.29	1,161
Increased Limits Emp Liability, 500K/500K/500K	9807		1.0%	12
Amt to Bal Inc Lim			;	38
Total Estimated Annual Premium for MA				1,211

Policy Totals

Total Estimated Standard Premium for Massachusetts	1,211
Expense Constant	338
Total Terrorism MA 9740 0.03 90,000	27
Minimum Premium MA \$274	
Total Estimated Annual Premium	1,576
MA State Assessment 03/15/2022-03/15/2023 4.1800%	49
Total Estimated Cost for KIWC227868	1,625

**Berkshire Hathaway GUARD Proposal
of Insurance (cont.)**

This proposal/quote is not a binder. The Total Estimated Cost is based upon information provided to date and is subject to change even after coverage has been bound, based upon availability of additional pricing or underwriting information or considerations and/or upon the results of loss control surveys and compliance with recommendations. This summary of policy coverages, premium, and limits is not an insurance policy. For further details about the coverage, please review the policy forms and declarations pages. In the event of a conflict, the terms stated in the insurance policy shall govern. Please be aware that this proposal encompasses only the coverages listed and that those coverages are subject to the final terms and conditions stated in the policy. Our only offer of insurance is stated by the terms of this proposal, which can only be changed by our issuance of a new proposal.

Prospect Number: KIWC227868

PROPOSAL-03-14-2022-11 Accepted by: Robert W. Kinsman
(print name)

Prospect's Signature: [Signature]

Date: March 15, 2022

Policyholder Disclosure Notice of Terrorism Insurance Coverage

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$27.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

PRIVACY POLICY

Rev. February, 2020

WHAT DO BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES DO WITH YOUR PERSONAL INFORMATION?

FACTS	
Berkshire Hathaway GUARD Insurance Companies include: AmGUARD Insurance Company, AZGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, GUARDCo, Inc., (a medical management affiliate).	
Why?	Financial Companies choose how they share your personal information. Federal and State law gives consumers the right to limit some, but not all, sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend upon the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security Number, date of birth, driving record, income • Credit history, credit-based insurance scores, insurance claim history, payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies may need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies share their customers' personal information; the reasons we choose to share; and whether you can limit this sharing.

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION		Does Berkshire Hathaway GUARD share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, comply with government agency examinations/procedures, or report your creditworthiness.		Yes	No
For our marketing/processing purposes— to offer our products and services to you. (We may also disclose information received from you with companies that perform services for us.)		Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences.		Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness.		Yes	Yes
For our affiliates to market to you		Yes	Yes
For non-affiliates to market to you		Yes	Yes
To limit our sharing	<p>Call Customer Service at 1-800-673-2465 or visit us online at www.guard.com/privacy/.</p> <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we provided this notice. When you are no longer our customer, we continue to share your information as described in this notice in accordance with applicable law. However, you can contact us at any time to limit our sharing in accordance with the table above.</p>		
Questions?	Call Customer Service at 1-800-673-2465.		

Who we are	
Who is providing this notice?	Berkshire Hathaway GUARD Insurance Companies (including property and casualty licensees AmGUARD Insurance Company, AZGUARD Insurance Company, NorGUARD Insurance Company, EastGUARD Insurance Company, and/or WestGUARD Insurance Company as well as GUARDCo, Inc.) is providing this notice. References in this form to "us", "we" or "our" refers to these companies.
What we do	
How do we protect your personal information?	To protect your personal information from unauthorized access and use, we implement security measures that comply with applicable law. These measures include computer safeguards and secured files and buildings.
How do we collect your personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • apply for insurance • pay insurance premiums • file an insurance claim • give us your income information • give us your contact information. <p>We also collect your personal information from others (such as credit bureaus, affiliates, or other companies) including, for example, from:</p> <ul style="list-style-type: none"> • your insurance agent or producer • your transactions with our affiliates listed below or other consumer reporting agencies.
Why can't I limit all sharing?	<p>Applicable law gives you the right to limit only:</p> <ul style="list-style-type: none"> • sharing for affiliates everyday business purposes – information about your creditworthiness and insurability • affiliates from using your information to market to you • sharing for non-affiliates to market to you.
What happens when I limit sharing for a policy I hold jointly with someone else?	Your choices will apply to everyone on your policy.
Definitions	
Affiliates	<i>Companies (other than the companies identified in "Facts" above) that are related to us by common ownership or control of Berkshire Hathaway Inc. Affiliates can be financial and nonfinancial companies.</i>
Non-affiliates	<i>Companies not related to us by common ownership or control, which can be financial and nonfinancial companies.</i>
Marketing	<i>The promotion or advertising of insurance products or services to you. Marketing partners may include, but are not limited to, insurance licensees such as insurance agents appointed by us or their affiliates.</i>
Other Important Information	
Important Information about Credit Reporting: We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.	
For California Residents: If you opt out, we will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account. Please visit www.guard.com/privacy-policy/ to review our California Privacy Policy.	
For Vermont Residents: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.	

THIS CARD MUST BE CONSPICUOUSLY POSTED INSIDE VEHICLE
THE COMMONWEALTH OF MASSACHUSETTS -- TOWN OF NATICK

This is to certify that a

LIVERY LICENSE

Has been granted to

The Kinder Group, LLC
5 Michigan Drive, Suite 106, Natick, MA 01760

2021 Chevrolet Suburban – V81-006
Registration Number & Description of Vehicle

to operate one vehicle within the Town Limits for the transporting of passengers for hire.

Lic. No: 2021-2022:TXLV1

Expires April 30, 2022



Michael J. Hickey, Jr., Clerk, Natick Select Board