



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**LEINS AUTO REPAIR INC.  
65 BOW ST  
SOMERVILLE, MA 02143**

License #: **997**  
Fee: **550.00**  
Account ID: **479**  
Reference #: **997**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: <b>LEINS AUTO REPAIR</b> Business Location: <b>69 BOW ST</b> Business Phone: <b>617-623-9000</b>	
License Holder: <b>LEINS AUTO REPAIR INC. 65 BOW ST SOMERVILLE, MA 02143 617-623-9000</b>	
Mailing Address: <b>LEINS AUTO REPAIR INC. 65 BOW ST SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - LUIS LEINS SECRETARY - LUIS LEINS TREASURER - LUIS LIENS</b>	
FID: <b>542080683</b>	
Food Manager/Emergency Contact: <b>LUIS LEINS</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**17 VEHICLES**

Description of Location and/or Other Conditions:

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2013 DEC -2 A 8:49

2013 DEC 31 A 8:11  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: \_\_\_\_\_ Date 11-19-13  
Print Name: Luis Leins Phone 617 623 9000

# **CNA SURETY**

CNA Plaza, Chicago IL 60685-0001

Jennifer B. Schaller  
Counsel  
Telephone 312-822-7049  
Facsimile 312-755-3737

Re: Second Hand Motor Vehicle Dealer Bond Certificate of  
Continuance for Western Surety Bonds

Western Surety is an underwriting company of CNA Surety and we are contacting your office because several of our bond principals received correspondence indicating the need for a Certificate of Continuance for their Second Hand Motor Vehicle Dealer Bonds issued by Western Surety.

Western Surety's standard bond form expressly states: "This bond shall be continuous and may be cancelled by the Surety by giving (30) days' written notice of cancellation to the municipal licensing authority at (address) by First Class Mail." (emphasis added)." Since, Western Surety's bond form is continuous, it would be inappropriate for Western Surety to issue a Continuation Certificate.

The Commonwealth of Massachusetts, Registry of Motor Vehicles has reviewed Western Surety's bond form and has clearly stated that municipalities do not need to require additional evidence that the bond is in effect. (See attached letter from Attorney William McVey dated November 19, 2004).

If you have any questions, or we can be of any further assistance, please feel free to contact me at (312) 822-7049.

Sincerely,

*Jennifer B. Schaller*

Jennifer B. Schaller



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Leins Auto Repair Inc.

Address of taxpayer/applicant's business in Somerville: 69-71 Bow St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-9000 evening: 617-623-1390

I, (print name) Luis Leins, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 2 day of December, 2013.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 12-2-13 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 16537083      # 232058001      # 30052441      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
20

12-2-13

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: Lains Auto Repair Inc.  
 Address: 69-71 Bow St  
 City: Somerville State: MA Zip: 02143 Phone #: 617-623-9000

I am an employer with \_\_\_\_\_ employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.

**Business Type:**
 Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Utica National Insurance Group  
 Address: 180 Genesee St.  
 City: New Hartford State: NY Zip: 13413 Phone #:  
 Policy #: 4265993 Expiration Date: 11-25-14

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature: [Signature] Date: 11-19-13  
 Print Name: Luis Lains

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_



UTICA NATIONAL INSURANCE GROUP

180 Genesee Street
New Hartford, NY 13413

WC 000001

Issuing Company: Utica Mutual Insurance Company
MEMBER OF UTICA NATIONAL INSURANCE GROUP

WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE POLICY

Information Page

1. The Insured and Mailing Address:

LEINS AUTO REPAIR, INC.
65 1/2 BOW STREET

SOMERVILLE MA 02143

Policy Number: 4265993

Prior Policy Number:

Producer: Prescott & Son Ins Agcy
963 Eastern Avenue
Malden, MA 02148

Entity of Insured: Corporation

Producer Number: 70164

Other workplaces not shown above:

SIC#: 55211

Insured's I.D. Number: 542080683
Risk I.D. Number: MA: 000173165

NCCI Company Number: 15717

2. The policy period is from 11/25/2013 to 11/25/2014 12:01 AM Standard Time at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Massachusetts

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Table with 3 columns: Injury Type, Amount, and Limit. Rows include Bodily Injury by Accident (\$500,000 Each Accident), Bodily Injury by Disease (\$500,000 Policy Limit), and Bodily Injury by Disease (\$500,000 Each Employee).

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All States except those listed in Item 3.A., ND, OH, WA, WY

D. This policy includes these endorsements and schedules:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Table with 4 columns: Classification, Code No., Premium Basis, Rate Per \$100 of Remuneration, and Estimated Annual Premium. Includes a row for Minimum Premium (\$265) and Employer's Liab Minimum Premium (\$1,800).

Issuing Office:
8-D-WC Ed. 08-2008

Date of Issue:
Copyright 1988 National Council of Compensation Insurance

Countersigned by [Signature]

UNIBILL NO. 100813251

09-11-2013