



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE
JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
City Clerk

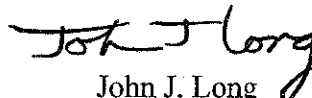
April 25, 2011

To Whom It May Concern:

Nurotoco of MA dba Roto Rooter Services has requested a Drainlayer's License in the City of Somerville. Their services are required for maintenance work at 18A Ivaloo Street.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.


Sincerely,


John J. Long
City Clerk

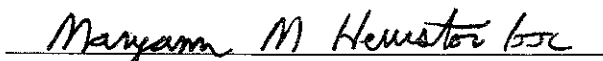
Approved by President:

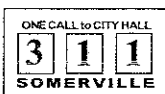

President Rebekah L. Gewirtz

Approved by Committee on Licenses and Permits:


Chairman Dennis M. Sullivan

Approved by Ward Alderman:


Alderman Maryann M. Heuston



APPLICATION FOR DRAIN LAYING

2011 APR 19 P 12:14

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded CITY CLERK'S OFFICE
Amount Paid SOMERVILLE, MA

Date 4-19-11

- [x] New Application
[] Renewing Application with Additions or Changes
[] Renewing Application with NO Additions or Changes

Applicant's Legal Name: ROTO ROTOR SERVICES Phone: 800 242 0930

Applicant's Address (with Zip Code): 175 MAPLE ST SToughton MA 02072

Applicant's Email Address: JOY DIRKS @ PRSC . com

Applicant's Federal Employer Identification Number: 31-1102223

Business DBA Name (if applicable): ROTOCOCO OF MA

Business Location (with Zip Code): 175 MAPLE ST SToughton MA 02072

Mailing Name (where we should send correspondence to): SAME

Mailing Address (with Zip Code): SAME

Emergency Contact: kim anchor Phone: 800 242 0930

Type of Business (Check one): [] Sole Proprietor [] Partnership (inc. LLP) [] Trust
[x] Corporation (inc. LLC) [] Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

Attach a Drain Layers Bond in the amount of \$10,000.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Brad Piesco Date: 4-19-11
Print Name: BRAD PIESCO Phone: 508 944 5578

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature: [Signature] Date: 04-19-11



RLI Surety
 A Division of RLI Insurance Company
 P.O. Box 3967 Peoria, IL 61612-3967
 Phone: 309-692-1000 Fax: 309-692-8627

LICENSE AND PERMIT BOND

Bond No. CMS253531

KNOW ALL MEN BY THESE PRESENTS:

That we, Nurotoco of Massachusetts d/b/a Roto-Rooter Services Company - Branch #015

as Principal, and the RLI Insurance Company, a corporation duly licensed to do business in the state of Massachusetts, as Surety, are held and firmly bound unto the City of Somerville, State of Massachusetts, Obligee, in the penal sum of Ten Thousand and 00/100 (\$10,000.00) DOLLARS, lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the said Principal has been licensed as a(n) Drain Layer by the Obligee.

NOW, THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until for a period commencing on the 21st day of May, 2010, and ending on the 21st day of May, 2011.

This bond may be terminated at any time by the Surety upon sending written notice to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at their first known address, and at the expiration of thirty (30) days from the mailing of said notice, or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this 13th day of April, 2010.
Nurotoco of Massachusetts d/b/a Roto-Rooter Services Company - Branch #015

Loretta A. Peretti
 Principal
 (Individual, Partner or Corporate Officer)

N/A
 Principal
 (Additional Partner or Partners)

Loretta A. Peretti, Attorney-in-Fact for Principal



RLI Insurance Company

RLI Insurance Company

By Julie Denman, Attorney-in-Fact

By Roy C. Die, Vice President

CONTINUATION
CERTIFICATE

RLI Insurance Company

, Surety upon

a certain Bond No. **CMS253531**

dated effective **May 21, 2005**
(MONTH-DAY-YEAR)

on behalf of **Nurotoco of Massachusetts d/b/a Roto-Rooter Services Company - Branch #015**
(PRINCIPAL)

and in favor of **City of Somerville**
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **May 21, 2011**
(MONTH-DAY-YEAR)

and ending on **May 21, 2012**
(MONTH-DAY-YEAR)

Amount of bond **\$10,000.00**

Description of bond **Drain Layer**

Premium: **\$100.00**

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **March 29, 2011**
(MONTH-DAY-YEAR)

RLI Insurance Company

By 
Julie Benman, Attorney-In-Fact

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

ROTO ROTO Broad Pease
*Signature of Individual or Corporate Name (Mandatory)

Broad W. Pease
By: Corporate Officer (Mandatory, if a corporation)

31-1102223
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* 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 or 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 Mass. G.L. c. 62C s. 49A.

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: ROTO ROOTER SERVICES
Address: 175 MAPLE ST
City: STURBRIDGE State: MA Zip: 01072 Phone #: 8002420830

- I am an employer with 50 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other PLUMBING

Workers' compensation insurance information (if applicable):

Insurance Company Name: MARSH USA INC
Address: 525 VINE ST SUITE 1600
City: CINCINNATI State: OH Zip: 45202 Phone #: 212 948 0785
Policy #: 400408 NRSC GAUW-11-12 Expiration Date: 3-8-12

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: Brad Pierce Date: 4-19-11
Print Name: BRAD PIERCE

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2011

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 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).

PRODUCER MARSH USA INC. 525 VINE STREET, SUITE 1600 CINCINNATI, OH 45202 Attn: cincinnati.certrequest@marsh.com, Fax 212-949-0785		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:		FAX (A/C, No):	
400408-RRSC-GAUW-11-12 00015		INSURER(S) AFFORDING COVERAGE			
INSURED ROTO-ROOTER SERVICES COMPANY 175 MAPLE STREET STOUGHTON, MA 02780		INSURER A: Zurich American Insurance Company		NAIC # 16535	
		INSURER B: N/A		N/A	
		INSURER C: N/A		N/A	
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CLE-002662831-16 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLO9379365-07	04/01/2011	04/01/2012	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 6,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP9379363-07 (AOS)	04/01/2011	04/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC9379366-07 (AOS)	04/01/2011	04/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CITY OF SUMMERVILLE	CANCELLATION 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 of Marsh USA Inc. John F. Schultz