

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 4/4/11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/25/11 MS
Amount Paid \$250.00 CK# 1423

- X New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: J.A. CONNELL CONT INC - Phone: 978-663-7790

Business DBA Name (if applicable):

Address with Zip Code: 11 GAIL ST N-Billerica, MA. 01862

Tax Identification Number: 04-293-9237 Check one: SSN XFEIN

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

Address with Zip Code:

Property Owner Name: Jeffrey A Connell Phone: 978-857-8975

Address with Zip Code:

Emergency Contact 1: Jeff Connell Phone: 978-857-8975

Emergency Contact 2: John Boland Phone: 781-389-2747

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:

2011 APR 25 P 1:05
CITY CLERK'S OFFICE
SOMERVILLE, MA

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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: Jeffrey A Connell Date: 4/4/11

Print Name: Jeffrey A Connell Phone: 978 663 7790
978 857 8975 cell

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature: [Signature] Date: 04.22.11



Effective Date: April 11th, 2011

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61035444

That we, J A Connell Contracting, Inc.

of the City North Billerica of North Billerica, State of Massachusetts, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Obligee, in the penal

sum of Ten Thousand and 00/100 DOLLARS (\$10,000.00), lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed Drainlayer by the Obligee.

NOW THEREFORE, if the 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 April 11th, 2012, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 11th day of April, 2011.

J A Connell Contracting, Inc. Principal

Principal

WESTERN SURETY COMPANY

By Paul T. Bruflat Paul T. Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Drainlayer City of Somerville

bond with bond number 61035444

for J A Connell Contracting, Inc.

as Principal in the penalty amount not to exceed: \$ 10,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 11th day of April, 2011.

ATTEST

L. Nelson

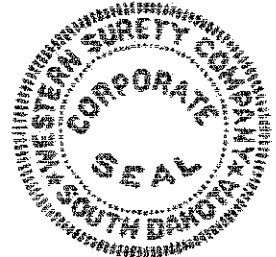
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By Paul T. Bruflat

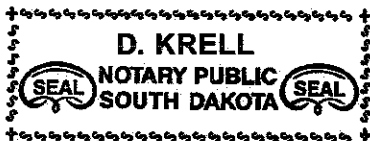
Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 11th day of April, 2011, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires November 30, 2012

D. Krell

Notary Public



CERTIFICATE OF CORPORATE AUTHORITY

I, Amy Connell, Clerk of
Name of Clerk or Secretary
J. A. Connell Contracting, Inc. hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the 22 day of
Date
October 2010, at which a quorum was present and voting throughout, the following
Month Year
vote was duly passed and is now in full force and effect:

VOTED: That Jeffrey Connell Amy Connell be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Jeffrey A Connell to be valid
Name of Officer authorized to sign for the Corporation
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Jeffrey A Connell
Name of Officer authorized to sign for the Corporation
is the duly elected President of said Corporation.
Title

Signed [Signature]
Clerk or Secretary

Place of Business _____

Date 4-4-11

AFFIX CORPORATE SEAL HERE

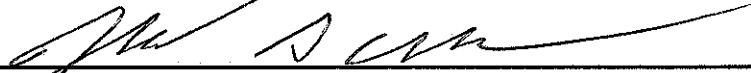
In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation.

Countersigned _____

Name & Title of Countersigning Officer _____

**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.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-283-9237

**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: J. A. CONNELL CONTRACTING INC.
Address: 11 CASH ST
City: N BILLENICA State: MA Zip: 01862 Phone #: 978-663-7790

- I am an employer with 3-7 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: AGENT TOIBOT INS. CARRIER ARBONIA
Address: 221 CHUMSFORD ST
City: CHUMSFORD State: MA Zip: _____ Phone #: 978-256-6666
Policy #: _____ Expiration Date: _____

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: 4/4/11
Print Name: JEFFREY A CONNELL

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

OP ID LM
CONNE-1DATE (MM/DD/YYYY)
04/25/11

PRODUCER Talbot Insurance Agency, Inc. 221 Chelmsford Street Chelmsford MA 01824 Phone: 978-256-3367 Fax: 978-256-8215	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED J.A. Connell Contracting, Inc. Attn: Jeff Connell 11 Call Street North Billerica MA 01862	INSURER A: Arbella Protection Insurance	
	INSURER B: Safety Ins. Co.	
	INSURER C: The Andover Companies	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	8500033909	05/04/10	05/04/11	EACH OCCURRENCE	\$ \$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	8500033909	05/04/11	05/04/12	MED EXP (Any one person)	\$ \$5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ \$1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ \$2,000,000
B		AUTOMOBILE LIABILITY	3966458	01/29/11	01/29/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		GARAGE LIABILITY				OTHER THAN AUTO ONLY: EA ACC	\$
		<input type="checkbox"/> ANY AUTO				AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	9116940211	02/01/11	02/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
		If yes, describe under SPECIAL PROVISIONS below					
		OTHER				E.L. EACH ACCIDENT	\$ \$100,000
						E.L. DISEASE - EA EMPLOYEE	\$ \$100,000
						E.L. DISEASE - POLICY LIMIT	\$ \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Re:Evidence of Insurance for work performed by JA Connell Contracting Inc.

CERTIFICATE HOLDER CITY OF SOMERVILLE WATER & SEWER DEPT 93 HIGHLAND AVE SOMERVILLE MA 02143	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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