

IMPORTANT

560
REF 677

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #191125
Business Name: Metro Equipment Corp
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 APR - 4 PM 2:04

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Metro Equipment Corp
Somerville Address and Zip Code:	NONE
Phone Number of the Business:	781-843-1330

The Legal Name of the License Holder:	Metro Equipment Corp
Street Address of the License Holder:	20 Rex Drive
City, State and Zip Code of the License Holder:	BRAINTREE MA 02184
Phone Number of the License Holder:	781-843-1330
Email Address of the License Holder:	ASullivan@metroequipmentcorp.com

Where We Should Send Mail: Name:	Metro Equipment Corp
Street Address:	20 Rex Drive
City, State and Zip Code:	BRAINTREE MA 02184
Email:	ASullivan@metroequipmentcorp.com
Phone Number:	781-843-1330

Federal ID # (Do Not Give a Social Security #):	04-2933921
---	------------

Emergency Contact and Phone (For Fire Dept. Use):	Rich Sullivan 617-719-6519
---	----------------------------

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: Ann Sullivan

Name of Secretary: Rich Sullivan

Name of Treasurer: Ann Sullivan

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date

3/29/12

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: Metro Equipment Corp
Address: 20 Rex Drive
City: Braintree State: MA Zip: 02184 Phone #: 781-843-1330

- I am an employer with 22 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Prop Casualty Co
Address: PO Box 660317
City: Dallas State: TX Zip: 75266-0317 Phone #: 800-553-1801
Policy #: 7543X389 UB Expiration Date: 4/9/12

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: [Signature] Date: 3/29/12
Print Name: Ann H. Sullivan President

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 _____

Berkley Regional Insurance Company

c/o Berkley Surety Group
 290 Donald J. Lynch Blvd. - PO Box 9168
 Marlborough, MA 01752-9168
 (508) 786-6698 Fax:

2012 FEB 24 P 2:01
 CITY OF FRK'S OFFICE
 3095 97th (E. MA

Continuation Certificate

Bond Number: ONL000101733

Surety
 Berkley Regional Insurance Company

Producer
 DeSanctis Insurance Agency, Inc.

Principal
 Metro Equipment Corporation
 20 Rex Drive
 Braintree, MA 02184

378 **MA**
 Producer No. State Loc.
Obligee
 City of Somerville
 93 Highland Avenue
 Somerville, MA 02143

CONTINUATION PERIOD		AMOUNT OF BOND	RENEWAL PREMIUM
EFFECTIVE	EXPIRATION		
03/24/2012	03/24/2013	\$10,000	\$100

DESCRIPTION
 Excess Weight and Other Highway and Street Permits

In consideration of the renewal premium charged, the bond designated above is hereby continued in full force and effect for the period described, subject to all its terms and conditions, provided the liability under said bond and all continuations thereof shall not be cumulative.

Dated 01/18/2012

Berkley Regional Insurance Company
 (Surety)
 By *A. J. [Signature]*
 (Attorney-in-fact)

**POWER OF ATTORNEY
BERKLEY REGIONAL INSURANCE COMPANY
WILMINGTON, DELAWARE**

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY REGIONAL INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Urbandale, Iowa, has made, constituted and appointed, and does by these presents make, constitute and appoint: *James J. Axon, Gregory D. Juwa, Michael F. Carney, Wilder Parks, Jr., Adam W. DeSanctis, Michael T. Gilbert, Christine B. Gallagher, Bryan F. Juwa, David A. Boufiette, Paul A. Patalano, Richard F. Caruso or Rebecca Shanley of DeSanctis Insurance Agency, Inc. of Woburn, MA* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **Twenty Five Million and 00/100 U.S. Dollars (U.S.\$25,000,000)**, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on August 21, 2000:

"RESOLVED, that the proper officers of the Company are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued."

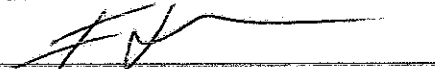
IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 26 day of July, 2011.

Attest:

Berkley Regional Insurance Company

(Seal)

By


Ira S. Lederman
Senior Vice President & Secretary

By


Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)
) ss:
COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 26 day of July, 2011, by Jeffrey M. Hafter and Ira S. Lederman who are sworn to me to be the Senior Vice President, and the Senior Vice President and Secretary, respectively, of Berkley Regional Insurance Company.

EILEEN KILLEEN
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2012

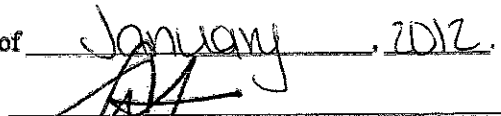

Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY REGIONAL INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 18th day of January, 2012.

(Seal)


Andrew M. Tuma

WARNING - Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and confirmation (on reverse) must be in blue ink.