

# APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 8/8/12

FOR CITY CLERK'S OFFICE ONLY
Date Recorded <u>8/8/12</u>
Amount Paid <u>\$250.00</u>
CITY CLERK'S OFFICE SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: NELM Co.p Phone: 508 866 2133

Applicant's Address (with Zip Code): 5 Park Ave CARVER MA 02330

Applicant's Email Address: Re @ NELM Co.p .COM

Applicant's Federal Employer Identification Number: 273040632

Business DBA Name (if applicable): \_\_\_\_\_

Business Location (with Zip Code): \_\_\_\_\_

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: RJ Delmonico Phone: 617 593 8800

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☒ 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: X Raymond C. Delmonico

Address with Zip Code: \_\_\_\_\_

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

Address with Zip Code: \_\_\_\_\_

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

Address with Zip Code: \_\_\_\_\_

BOND

## ACKNOWLEDGEMENT

Signature of Applicant: Raymond C. Dolnerice Date: 8/8/12  
Print Name: Raymond C. Dolnerice Phone: 508 866 2137

**ENGINEERING DEPARTMENT RECOMMENDATION:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

WELM Corp

\*Signature of Individual or Corporate Name (Mandatory)

Raymond C. [Signature]

By: Corporate Officer (Mandatory, if a corporation)

273040632

\*\*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: WELM Corp.  
Address: 5 Park Ave  
City: CARVER State: MA Zip: 02330 Phone #: 508 866 2133

- ☒ I am an employer with 12 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 Contractor

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

Insurance Company Name: See ATT.  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
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: Raymond C. Dolmone Date: 8/8/12  
Print Name: Raymond C. Dolmone

*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: AD

DATE (MM/DD/YYYY)

08/08/12

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).

<b>PRODUCER</b> WM. F. Borhek Insurance Agency 311 Plymouth Street Halifax, MA 02338 Scott C Casagrande		<b>781-293-6331</b> <b>781-293-2171</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> NORTH08	<b>FAX (A/C, No):</b>
<b>INSURED</b> NELM CORP. 5 Park Avenue Carver, MA 02330		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Peerless Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		
		<b>NAIC #</b> 24198		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CBP 3764904	06/15/12	06/15/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA3764899	06/15/12	06/15/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8784743	06/15/12	06/15/13	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			WC3764900	06/15/12	06/15/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" 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
A	Installation Float			IM 87873312	06/15/12	06/15/13	Leased or rented eq 150,000

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

**CERTIFICATE HOLDER****CANCELLATION**

City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

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

Scott C Casagrande

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# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 71005197 briefly described as DRAINLAYER CITY OF SOMERVILLE

for NELM CORP.

\_\_\_\_\_, as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning October 03, 2011, and ending October 03, 2012, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 23 day of July, 2011.



WESTERN SURETY COMPANY

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

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.