

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 11-4-11

CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 11/15/11  
Amount Paid \$250-

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

Business Name: JNJ SACCA, INC. Phone: (781) 643-6109
Business DBA Name (if applicable):
Address with Zip Code: 92 SPY POND PKWY ARLINGTON, MA. 02474
Tax Identification Number: 26-3523501 Check one: SSN FEIN
Mailing Name (where we should send correspondence to): JNJ SACCA, INC.
Address with Zip Code: 92 SPY POND PKWY ARLINGTON, MA. 02474
Property Owner Name: Phone:
Address with Zip Code:

Emergency Contact 1: JONATHAN R. SACCA Phone: (781) 608-9257
Emergency Contact 2: JEFFREY E. SACCA Phone: (781) 367-8504

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):

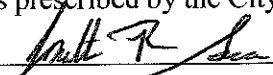
Partner's/Member's/President's Name: JONATHAN R. SACCA
Address with Zip Code: 92 SPY POND PKWY ARLINGTON, MA. 02474
Partner's/Member's/Secretary's Name: JEFFREY E. SACCA
Address with Zip Code: 92 SPY POND PKWY ARLINGTON, MA. 02474
Partner's/Member's/Treasurer's Name: NICHOLAS R. SACCA III
Address with Zip Code: 53 PLAYSTEAD RD MEDFORD, MA. 02155

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
NOV 15 A 11:04

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:  Date: 11-4-11  
Print Name: JONATHAN R. SACCA - PRESIDENT Phone: (781) 643-6109

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:  Approved  Denied  
Signature  Date 11.15.11

**NORTH AMERICAN SPECIALTY INSURANCE COMPANY**

**LICENSE OR PERMIT BOND**

**Bond No. 2151357**

KNOW ALL BY THESE PRESENTS, that we, JNJ Sacca, Inc. as Principal, and **North American Specialty Insurance Company**, a New Hampshire corporation are held and firmly bound unto City of Somerville, MA as Obligee, in the penal sum of Ten Thousand and 00/100 Dollars (\$10,000.00), good and lawful money of the United States, for payment of which well and truly to be made, we bind ourselves, and our heirs, executors, administrators, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has applied to said Obligee for a license or permit to do business as Drainlayer.

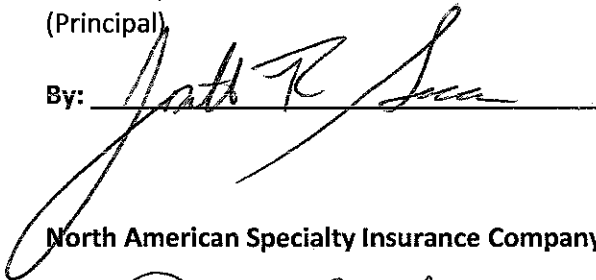
NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that, if Principal shall faithfully observe and honestly comply with the provisions of all Laws or Ordinances of Obligee regulating the business for which license or permit is issued, then this obligation shall be void; otherwise to be and remain in full force and effect.

Signed, sealed and dated this 7th day of November, 2011.

PROVIDED HOWEVER:

- This bond shall continue in force:  
Until November 7th, 2012, or until the date of expiration of any Continuation Certificate executed by the Surety.
- Until cancelled as herein provided:  
This bond may be cancelled by the Surety by sending notice in writing to the Obligee, stating when, not less than ten days thereafter, liability shall terminate as to subsequent acts or omissions of the Principal.

**JNJ Sacca, Inc.**  
(Principal)

By:  (seal)

**North American Specialty Insurance Company**

By:  (seal)  
**Alyssa R. Michael, Attorney-in-Fact**

NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Schaumburg, Illinois, each does hereby make, constitute and appoint:

WILLIAM L. LABBE, JOHN J. FEITELBERG, CATHERINE H. LAWRENCE,

ANNE M. HIGGINBOTTOM, BARRY J. HORGAN and ALYSSA R. MICHAEL

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

FIFTY MILLION (\$50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 24th of March, 2000:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By

[Signature of Steven P. Anderson]

Steven P. Anderson, President & Chief Executive Officer of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company



By

[Signature of David M. Layman]

David M. Layman, Senior Vice President of Washington International Insurance Company & Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 14th day of September, 20 11.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook ss:

On this 14th day of September, 20 11, before me, a Notary Public personally appeared Steven P. Anderson, President and CEO of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and David M. Layman, Senior Vice President of Washington International Insurance Company and Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



[Signature of D. Jill Nelson]
D. Jill Nelson, Notary Public

I, James A. Carpenter, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 7th day of November, 20 11.

[Signature of James A. Carpenter]

James A. Carpenter, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company

**CERTIFICATE OF CORPORATE AUTHORITY**

I, JEFFREY E. SACCA, Clerk of  
Name of Clerk or Secretary  
JNT SACCA, INC. hereby certify that,  
Name of Corporation  
at a meeting of the Board of Directors of said Corporation duly held on the 4<sup>th</sup> day of  
Date  
Nov., 2011, 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 JONATHAN R. SACCA - PRESIDENT 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 JONATHAN R. SACCA - PRESIDENT 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 JONATHAN R. SACCA  
Name of Officer authorized to sign for the Corporation  
is the duly elected PRESIDENT of said Corporation.  
Title

Signed [Signature]  
Clerk of Secretary  
Place of Business ABLINGTON, MA. 02474  
Date Nov. 4, 2011

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.

JNJ SACCA, INC.

\*Signature of Individual or Corporate Name (Mandatory)

 JONATHAN R. SACCA - PRESIDENT

By: Corporate Officer (Mandatory, if a corporation)

26-3523501

\*\*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.

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

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> HUB International New England 299 Ballardvale St Wilmington, MA 01887 978 657-5100		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 978 657-5100 E-MAIL ADDRESS:		FAX (A/C, No): 9789880038	
<b>INSURED</b> JNJ Sacca, Inc. c/o Mr Jonathan Sacca 92 Spy Pond Parkway Arlington, MA 02474		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		INSURER A : Peerless Insurance Co			
		INSURER B : Excelsior Insurance Company			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

**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	GENERAL LIABILITY			CBP8546338	11/01/2011	11/01/2012	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						MED EXP (Any one person)	\$5,000
	<input checked="" type="checkbox"/> PD Ded:250						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$2,000,000		\$	
B	AUTOMOBILE LIABILITY			8532717	10/20/2011	10/20/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CU8542643	11/01/2011	11/01/2012	EACH OCCURRENCE	\$5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC8541943	11/01/2011	11/01/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N	N/A				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)

Additional Insureds include: Owners, Lessors, Contractors, Lessors of leased equipment, applicable Liability and Excess Liability.

**CERTIFICATE HOLDER****CANCELLATION**

City of Somerville City Hall 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