

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

2015 AUG 26 P 3: 03

Application to Renew Lodging House License

TRUSTEES OF TUFTS COLLEGE **520 BOSTON AVE MEDFORD MA 02155**

CITY CLERK'S OFFICE
License #: WA
License #: BL15-000978

File #:

15-775

Fee:

605

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: HASKELL HALL Business Location: 43 LATIN WAY Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust	
FID: 042103634	
Emergency Contact: DANA ANDRUS Phone:	Daniela Sousa 617-627-3992
Name of lodging house: Not yet provided. Location of lodging house: 43 LATIN WAY # of Residents: 156	Itaskell Hall

I hereby certify under the penalties of perjury that the follow -All information shown above is true and accurateAny changes above are subject to the approval of the BOA	ARD OF A	ALDERMEN.
-I have filed all State tax returns and paid all State taxes re	quired by	law for this business.
Signature: //anul famu	Date:	8/21/15
Printed Name: Doniela Soura.	Phone:_	6/7-627-5348

Business (DBA) Name: HASKell HALL 43 LATIX WAY			
Number of residents at this lodging house: 156			
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. 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 Applicant:	U Date: 8/26/2015		
Print Name: Phone: 617-627-3992			
Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.			
ApprovedDenied Date	Approved Denied Date 8/25/15 Approved Denied Date 8/25/15		
Police Chief or Designee	Chief Fire Engineer or Designee		
Approved Denied Date 8/05/15 Highways, Lights & Lines Sup't or Designee	Approved _Denied Date 1/25/15 Building Inspector or Designee		
Approved Denied Date 8 55 - / 5 Health Inspector or Designee			

LODGING HOUSE LICENSE INSPECTIONS FORM

11 - VII 11 11 + C) (1 - C)			
Name of Lodging House: Haskel Hall-Tuts University			
Address (with Zip Code): 43 Latin Way Somefulle, MA 02144			
Name of Contact: Daniela Sousa Phone: 6/7-627-3992			
Number of residents at this lodging house: 156			
•			
Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.			
Approved _Denied Date_8/46/15	ApprovedDenied Date		
BUNTE			
Police Chief or Designee	Chief Fire Engineer or Designee		
ApprovedDenied Date	ApprovedDenied Date		
	,		
Highways, Lights & Lines Sup't or Designee	Building Inspector or Designee		
ApprovedDenied Date			
Health Inspector or Designee			



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Haskell Hall-Tufts University				
Address of taxpayer/applicant's business in Somerville: 43 Latin Way Somerville, MA 021				
Address of taxpayer/applicant's home in Somerville: Facilities Services - 520 Boston Ava Medfold, M				
Taxpayer/applicant's phone	e: day: <u>617-627-3</u>	8992 evening: <u>617-6</u>	17-3030	
I, (print name) Daniela Sousa (agent), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.				
		Taxpayer's signatu		
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THROUGH	:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:	
# 09200230	#	#	#	
NOTES:				
CLERK'S INITIALS: _		ORIGINAL STAMP:		







The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.

TO BE FILED WITH THE PERMITTING AUTHORITY

TO BE FILED WITH THE P.			
Applicant Information Business/Organization Name: Trustees of Tufts College	Please Print Legibly se and Walnut Hill Properties Corp.		
Address: 169 Holland Street			
City/State/Zip: Somerville, MA 02144	Phone #: 617-627-3981		
Are you an employer? Check the appropriate box: 1. I am a employer with 4,500 employees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required] 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]** 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.] *Any applicant that checks box #1 must also fill out the section below showing th **If the corporate officers have exempted themselves, but the corporation has othe organization should check box #1.	ir workers' compensation policy information.		
I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information. Insurance Company Name: Self-Insured with Excess insurance through New York Marine & General Ins. Co. Insurer's Address: 59 Maiden Lane, Suite 2700			
City/State/Zip: New York, NY 10038-4647			
Policy # or Self-ins. Lic. #SI Lic. #702; XS Policy # W2015EPP00063 Expiration Date: Both 07/01/2016 Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.			
I do hereby certify, under the pains and penalties of perjury that Signature: Phone #: 617-627-3981	the information provided above is true and correct. Date: $8/24/2045$		
Official use only. Do not write in this area, to be completed by	city or town official.		
City or Town: Per Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town C 6. Other	mit/License #		
Contact Person:	Phone #:		



CERTIFICATE OF LIABILITY INSURANCE

7/1/2015

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). CONTACT Leslie Emack PHONE (617) 330-5700 E-MAIL Risk Strategies Company (A/C, No): (617) 439-3752 E-MAIL ADDRESS: lemack@risk-strategies.com 160 Federal Street INSURER(S) AFFORDING COVERAGE NAIC # MA 02110 INSURERA New York Marine & General Ins Co Boston INSURER B: Trustees Of Tufts College INSURER C: 169 Holland Street-TAB Building INSURER D: INSURER E : Somerville 02144 INSURER F: **CERTIFICATE NUMBER:CL157196473 REVISION NUMBER:** COVERAGES 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED CLAIMS-MADE PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRO-JECT PRODUCTS - COMP/OP AGG POLICY \$ OTHER: \$ DMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) \$ BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED **BODILY INJURY (Per accident)** 5 PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB AGGREGATE** CLAIMS-MADE \$ RETENTION \$ DED WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY
ANY PROPRIETORIPARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 NIA 7/1/2015 WC2015EPP00063 7/1/2016 E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Issued as Evidence of Insurance. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tufts University 169 Holland Street Somerville, MA 02144

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MB Chuitin

AUTHORIZED REPRESENTATIVE

Michael Christian/LEM