

#### CITY OF SOMERVILLE

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

2015 AUG 26 P 2: 55

Application to Renew Lodging House License License

TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155 License #:

BL15-000088

File #:

15-102

Fee:

605

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

CHANGES: (Note below or explain on a separate sheet)
Daniela Sousa 617-627-3992
Capen House

I hereby certify under the penalties of perjury that the follow	ving is true:
-All information shown above is true and accurate.	
-Any changes above are subject to the approval of the BOA	ARD OF ALDERMEN.
-I have filed all State tax returns an∯ paid all State taxes re	equired by law for this business.
/./// /	21/10
Signature: Hamela Jousa	Date: \$\\21\\15
	(13)
Printed Name: Daniela Sousa	Phone: 617 - 627 - 5348

Davines (DDII) I mile. Chock (DO)	- 8 Professors Row-Tofts Univers
Number of residents at this lodging house:	16
ACKNOWLEDGEMENT	
I hereby state that all information provided of understand that any information that is found forfeiture of this license. This license will be limitations set forth in the Somerville Code of laws, and any conditions prescribed by the City perjury that I, to my best knowledge and belief, I taxes required under law.  Signature of Applicant:  Print Name:	to be false or misleading may result in the subject to all of the terms, conditions, and Ordinances, any applicable State and Federal of Somerville. I certify under the penalties of
Time Name.	1 none. (1) (02) - 5/92
e v	his form to the City Clerk for consideration by
the Board of Aldermen. ApprovedDenied Date	Approved _ Denied Date 8/25/15  LTR. Mac Jaughlan
	Approved Denied Date 8/25/15
ApprovedDenied Date Police Chief or Designee ApprovedDenied Date 8 25/15	Approved _ Denied Date 8/25/15  LTR. Mac Jaughlan

### LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Capen Hous  Address (with Zip Code): 8 10 fesso(s Row  Name of Contact: Daniela Sousa				
Number of residents at this lodging house:	0			
Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.				
Approved _Denied Date 8/36/15	ApprovedDenied Date			
Police Chief or Designee  Dy 174 Chief	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/ap	plicant's business:	apen House-Tu	fts University				
Exact name of taxpayer/applicant's business: <u>Capen House-Tufts University</u> Address of taxpayer/applicant's business in Somerville: <u>8 Professors Row Somerville</u> , MA							
Address of taxpayer/applicant's home in Somerville: Facilities Services - 520 Boston Ave, Medit							
Taxpayer/applicant's phon	e: day: 617-627-	3992 evening: <u>617-62</u>	>-3030 621				
I, (print name) Danle la hereby certify that all the	information contained he id or that the Taxpayer	erein is true and correct and has entered into an agreemen	l Taxpayer, do all taxes and fees				
SIGNED UNDER THE P	PAINS AND PENALTI , 20_/5	ES OF PERJURY, this	<u>/0 + 4</u> day of re)				
	CITY'S ACKNOW	LEDGEMENT					
DATE OF ISSUANCE: _	INCLUDE	ES RELEVANT POSTINGS THROUGH					
TAXES AND ACCOUNT	Γ NUMBER(S) INCLU	DED IN CERTIFICATE:					
☐ Real Estate	☐ Water/Sewer	☐ Personal Property	Other:				
# 99744080	# 334015001	#	#				
NOTES:  CLERK'S INITIALS: _	B	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.

Applicant Information Please Print Legibly			
Business/Organization Name: Trustees of Tufts College 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 their workers' compensation policy information.  *If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an reganization should check box #1.			
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.			
gnature: Barres and penalties of perjury that the information provided above is true and correct.  Date: 8/24/2015  Date: 617-627-3981			
Official use only. Do not write in this area, to be completed by city or town official.  City or Town: Permit/License #  Issuing Authority (circle one):  1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  6. Other			
Contact Person: Phone #:			

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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
(A/C. No. Ext): (617) 330-5700

E-MAIL
ADDRESS: lemack@risk-strategies.com FAX (A/C, No): (617) 439-3752 Risk Strategies Company 160 Federal Street INSURER(S) AFFORDING COVERAGE Boston MA 02110 INSURERA New York Marine & General Ins Co INSURER 8: Trustees Of Tufts College INSURER C: 169 Holland Street-TAB Building INSURER D: INSURER E : MA 02144 Somerville 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 LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT PRODUCTS - COMP/OP AGG POLICY \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) 5 AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ UMBRELLA LIAB **EACH OCCURRENCE** \$ OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE \$ 5 RETENTION \$ DED X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 NIA WC2015EPP00063 7/1/2015 7/1/2016 E.L. DISEASE - EA EMPLOYER \$ (Mandatory in NH) 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below 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

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AUTHORIZED REPRESENTATIVE

Michael Christian/LEM

Somerville, MA 02144