

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW DRAIN LAYER LICENSE

License #:

694

JNJ SACCA INC 92 SPY POND PKWY ARLINGTON, MA 02474

Fee:

250.00

Account ID:

577

Reference #:

694

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: JNJ SACCA INC Business Location: OUT OF AREA Business Phone: 781-643-6109	* .a			
License Holder: JNJ SACCA INC 92 SPY POND PKWY ARLINGTON, MA 02474 781-643-6109				
Mailing Address: JNJ SACCA INC 92 SPY POND PKWY ARLINGTON, MA 02474				
Business Type: CORPORATION (INC. LLC) SECRETARY - JEFFREY SACCA PRESIDENT - JONATHAN SACCA TREASURER - NICHOLAS SACCA iii				
FID: 263523501				
Food Manager/Emergency Contact: JONATHAN SACCA	781-608-9257			

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true-All information shown above is true and accurate.	9:
-Any changes above are subject to the approval of the BOARD OF A -I have filed all State tax returns and paid all State taxes required by	LDERMEN. law for this business.
Signature: fruit Roa	Date 3-17-14
Print Name Jonathan R Sacca	Phone 781-643-6109



475 N. Martingale Road, Suite 850, Schaumburg, Illinois 60173 Direct Dial: 847-273-1210, Toll free: 800-338-0753 Fax: 847-273-1220

CONTINUATION CERTIFICATE

KNOW ALL MEN BY THESE PRESENTS, THAT:

In consideration of the payment of a renewal premium, NORTH AMERICAN SPECIALTY INSURANCE COMPANY, as SURETY, does hereby continue

Bond Number:

SUR 2151357 01

Effective Date:

11/07/2012

Amount of Bond : Continued from :

\$10,000

November 7, 2013

to November 7, 2014

On behalf of JNJ SACCA, INC.

In favor of

CITY OF SOMERVILLE

Provided, however, that this Continuation Certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period(regardless of the number of years) said bond has been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this

19

day of July

2013

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Rv.

av Hull Attorney-in-Fac

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: JMJ Jacca, Inc.	
Address: 92 Spy Pond Pa	Kuay
City: arlington State: MA	Zip: 02474 Phone #: 781-643-6109
 (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. 	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other Other
	ble): AMTRUST North America
Insurance Company Name: HUB Ty-	ternational NE
Address: 299 Ballandrale	Street
City: Wilmington State: MA	Zip: 0/887 Phone #: 978-657-5/00
Policy #: Ww 2307243/	Expiration Date:
Applicant certification:	
to \$1,500,00 and/or one years' imprisonment as well as civil	GL 152 can lead to the imposition of criminal penalties of a fine up penalties in the form of a STOP WORK ORDER and a fine of ment may be forwarded to the Office of Investigations of the DIA
I do hereby certifyunder the pains and penalties of perjury the	
Signature: Mutt & Sea	Date: 3-17-14
Print Name: Jonathan R. Jack	
	a. To be completed by city or town official.
City or Town: Permit/License #:	☐ Building Department☐ City/Town Clerk☐ Licensing Board
Contact Person: Phone #:	Selectmen's Office Other

(revised Jan. 2008)

#: 232055

Client#: 232055

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2013

JNJSACCA

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).

certificate holder in lieu of such endorse	ment(s).			
PRODUCER HUB International New England 299 Ballardvale St		CONTACT NAME: PHONE (A/C, No, Ext): 978 657-5100 E-MAIL ADDRESS: nee.certificates@hubinter		6-475-7959
Wilmington, MA 01887		INSURER(S) AFFORDING COVERAGE		NAIC#
978 657-5100		INSURER A: Peerless Insurance Co		
INSURED		INSURER B: Technology Insurance C		
JNJ Sacca, Inc.		INSURER C : Excelsior Insurance Com	npany	
c/o Mr Jonathan Sacca		INSURER D :		
92 Spy Pond Parkway		INSURER E :		
Arlington, MA 02474		INSURER F:		
COVERAGES CERTI	FICATE NUMBER:	REVISION	ON NUMBER:	

Arlington, MA 02474				INSURER F:			
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:			
IV	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN ERTAIN.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY CONTRACT OF BY THE POLICIES E BEEN REDUCED F	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY		CBP8546338	11/01/2013	11/01/2014	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
	X PD Ded:250					PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT X LOC						\$
С	AUTOMOBILE LIABILITY		BA8532717	10/20/2013	10/20/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO			f i		BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		CU8542643	11/01/2013	11/01/2014	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DED X RETENTION \$10000					live error	\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TWC3336093	11/01/2013	11/01/2014	X WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS CIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	s1,000,000
	(Mandatory in NH)	"/"				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Inket add'l insured & waiver of su						
DI	iliket aud i ilisureu & waiver of Su	DIO appi	y on the OL it required	by whiteh contra	uot.		

CERTIFICATE HOLDER	CANCELLATION
City of Somerville City Hall 93 Highland Avenue Somerville, MA 02145-0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Contervine, MA 02140-0000	AUTHORIZED REPRESENTATIVE
	Ome E Day

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