

CITY OF SOMERVILLE BOARD OF ALDERMEN

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

APPLICATION TO RENEW DRAIN LAYER LICENSE

License #:

686

YOUR SPACE LANDSCAPE AND CONST. INC 2 BLANCHARD RD BURLINGTON, MA 01803

Fee:

250.00

Account ID:

569

Reference #:

686

Review and undate the information below. If you have workers compensation insurance, attach proof showing the insurance

and policy number. Then sign the Acknowledgment and return this					
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)				
Business/DBA Name: YOUR SPACE LANDSCAPE AND CONST Business Location: OUT OF AREA 781-273-1950	INC				
License Holder: YOUR SPACE LANDSCAPE AND CONST. INC 2 BLANCHARD RD BURLINGTON, MA 01803 781-273-1950					
Mailing Address: YOUR SPACE LANDSCAPE AND CONST. INC 2 BLANCHARD RD BURLINGTON, MA 01803					
Business Type: CORPORATION (INC. LLC) PRESIDENT - STEVEN PEPE TREASURER - STEVEN PEPE SECRETARY - YVONNE PEPE	·				
FID: 042879362					
Food Manager/Emergency Contact: STEVE PEPE 617-839-1557					
Conditions: (to change any conditions, submit a new application. C	ontact the City Clerk's Office for more information)				

Description of Location and/or Other Conditions:

I hereby certify under the penaltic -All information shown above is t -Any changes above are subject -I have filed all State tax returns a	ue and accurate.		ا. business.	
Signature:		Date	3/5/14	
Print Name:	STEVEN L. PEPE	Phone	617 839 1557	

Drain-Layer's Bond

Bond #MA 1594

Know all Men by these Presents,

That we, (name and address)

Your Space Landscape & 2 Blanchard Road

Burlington, MA 01803 phone:781–273–1950

in the Commonwealth of Massachusetts, as Principal, and (name)

as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the sum of Ten Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Whereas the said Principal has this day been granted a license as a drain-layer by the Board of Aldermen of said City, according to the provisions of a certain ordinance of said City relating to sewers, and whereas a bond is required to be given by him as such drain-layer, according to the following provisions of said ordinance, to wit: Every person licensed as provided in the preceding section shall, before performing any work authorized thereby, execute an agreement or bond, in the sum of Ten Thousand Dollars, with one or more sureties, satisfactory to the Board of Aldermen, that he will properly make the openings into all common sewers opened by him; that he will construct or repair the drains to be connected by him with the common sewers or with other drains in a thorough and workmanlike manner; that he will leave no material or obstruction of any description in the sewer which he may open, or in any drain leading into any sewer; that he will properly close up the excavation, and restore the earth and pavement taken up, and regrade and repave the street, and put it in good and proper condition, and remove all superfluous material, all to the satisfaction of the street commissioner; and if he fail so to do, or if at any time within one year from the date of the completion of any drain the surface of the street shall settle or otherwise become unsafe for public travel, then the street commissioner shall repaye and regrade the street at the expense of the said drain-layer, and within five days thereafter deliver a bill of the same to the city auditor for collection, and said drain-layer shall immediately pay the same, and he shall not be entitled to receive another permit until the said bill and all other bills of expense incurred by the City on account of his negligence or default shall be paid in full; also, that he will cause a sufficient fence to be placed so as to enclose the excavation and the earth, stone and other material which may be put into the street, and that he will maintain such fence during the whole time such excavation, earth or other material may obstruct the street, and will cause a sufficient number of lighted lanterns to be maintained in suitable places over such excavation, earth, material, and fence, from the beginning of twilight every evening and through every night during the time such obstruction in the street may exist; and, further that he will comply with the ordinances which may be at any time in force in relation to sewers, drains and streets, and with such orders and regulations as the Board of Aldermen have adopted, or may from time to time adopt, for the government of persons licensed to construct or repair private drains, or open or dig in the street for that purpose; and that he will indemnify and save harmless the City from all damages, costs and expenses which it may incur or sustain, by reason of any and all injuries resulting to anyone in person or property, from the neglect or carelessness of himself or his servants in opening, closing, making or repairing any sewer or drain, in performing work connected therewith, or in properly fencing, or in lighting by night, any excavation or obstruction caused or made by him or his servants, or which the City may incur or sustain in any other manner by reason of the excavation or construction of any sewer or drain by him or his servants or agents, or any work or acts performed or done by him or them connected therewith.

Now, therefore, the condition of this obligation is such that if the said Principal shall well and truly perform each and all of the provisions and terms of said ordinance above set forth and on his part to be performed, then this obligation shall be void; otherwise it shall remain in full force and virtue.

133-000000-F0 - 11-0-00000-0-0-0-0-0-0-0-0-0-0-0-0-0				
In witness wh	ereof we hereunto set our hands and seals this 11th	day of	March , 2	0_14 in the presence of:
For the Princi	pal (Affix Seal and Attach Certificate of Corporate A	authority):		
Signature	Your Space Landscape & Construction, Inc.	Witness	<u> Vi</u> u	un Degal
For the Surety	(Affix Seal and Attach Power of Attorney):			\cap
Signature	Merchants Bonding Company (Mutual) Carl L Traina, Attorney-in-Fact	Witness	Et C	M M

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: YOUR SPACE LANDSCAPE & CONSTR., INC.							
Name:							
Address: 2 Blanchard Rd.							
Address: 2 Blanchard Rd. City: Burlingfor State: MA Zip: 0 1863 Phone #: 781 273 1958							
 ✓ I am an employer with / O employees (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. We are a nonprofit organization staffed by volunteers and have no employees. Retail Restaurant/Bar/Eating Establishment Offfice and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other							
Workers' compensation insurance information (if applicable):							
nsurance Company Name: UTICH National							
Address:							
City: State: Zip: Phone #:							
Policy #: 45 9337 Expiration Date: 3 6 15							
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.							
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.							
Signature:							
Print Name: STEVEN L. PEPE							
Official use only. Do not write in this area. To be completed by city or town official.							
City or Town: Permit/License #: Board of Health Building Department							
Contact Person: Phone #: Other Other Other							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/7/2014

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).

PRODUCER	CONTACT Deanne Tonry				
Albert J. Tonry & Co., Inc.	PHONE (A/C, No. Ext): (617) 773-9200 FAX (A/C, No): (617) 773-9920				
300 Congress Street	E-MAIL ADDRESS: certs@tonry.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
Quincy MA 02169	INSURER A: Utica National Assurance Co	10687			
INSURED	INSURER B: Safety Indemnity	33618			
Your Space Landscape & Construction, Inc.	INSURER C: Utica Mutual Insurance Company	25976			
2 Blanchard Road	INSURER D: Republic-Franklin Insurance Co	12475			
	INSURER E:				
Burlington MA 01803	INSURER F:				

CERTIFICATE NUMBER:CL143608106 **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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A	CLAIMS-MADE X OCCUR			4672020	3/6/2014	3/6/2015	MED EXP (Any one person)	\$	5,000
		8					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 LOC			500000				\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS		3/6/2015	BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	1 2
								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
С	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED X RETENTIONS 10,000			4672019	3/6/2014	3/6/2015		\$	
D	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						X WC STATU- TORY LIMITS ER		
					NS 90	202 220	E.L. EACH ACCIDENT	\$	500,000
				4519337	3/6/2014	3/6/2015	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Equipment Floater			4672020	3/6/2014	3/6/2015	Leased/Rented		\$75,000
									11-2

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: Drain Layer's License

Operations usual to a landscape contractor

CERTIFICATE HOLDER	CANCELLATION				
City of Somerville	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Attn: John J. Long 93 Highland Avenue Somerville, MA 02143	AUTHORIZED REPRESENTATIVE				
\$1440 Associate (#1704000 \$1.000 \$1	L Tonry Jr./KATEPR Jonin A. Tonny 1-				