

CK33254
250.00



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW DRAIN LAYER LICENSE

**M.J. SCULLY & COMPANY
314 MAIN ST #201
WILMINGTON, MA 01887**

License #: **676**

Fee: **250.00**

Account ID: **559**

Reference #: **676**

7043

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: For M.J. SCULLY & COMPANY Business Location: OUT OF AREA Business Phone: 978-657-5655	
License Holder: M.J. SCULLY & COMPANY 314 MAIN ST #201 WILMINGTON, MA 01887 978-657-5655	
Mailing Address: M.J. SCULLY & COMPANY WILMINGTON, MA 01887	
Business Type: CORPORATION (INC. LLC) PRESIDENT - KEVIN SCULLY SECRETARY - MICHAEL SCULLY	
FID: 043123590	
Food Manager/Emergency Contact: ELMER FLORENTINO 978-569-7465	<i>General Superintendent / Emergency Contact</i>

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.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *[Signature]* Date: 03/07/13
 Print Name: KEVIN M. SCULLY Phone: 978-657-5655

CONTINUATION CERTIFICATE

BOND NUMBER: BLN8870312

NAMED INSURED:

M.J. Scully Co., Inc.

Address: 314 Main Street

City/State/Zip: Wilmington, MA 01887

CONTINUATION EFFECTIVE DATE:

From: July 22, 2012

To: July 22, 2013

OBLIGEE NAME:

City of Somerville

Address: _____

City/State/Zip: Somerville MA

AGENT:

Eastern States Insurance Agcy.

Address: 50 Prospect Street

City/State/Zip: Waltham, MA 02453-8509

BOND AMOUNT:

\$ \$10,000.00

PREMIUM:

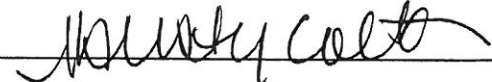
\$ \$100.00

IT IS HEREBY AGREED THAT THE CAPTIONED POLICY IS CONTINUED IN FORCE FOR THE POLICY PERIOD SHOWN ABOVE.

THIS CONTINUATION SHALL BE DEEMED A PART OF THE ORIGINAL POLICY AND NOT A NEW OBLIGATION, NO MATTER HOW LONG THE POLICY HAS BEEN IN FORCE OR HOW MANY PREMIUMS ARE PAID FOR THE POLICY, UNLESS OTHERWISE PROVIDED FOR BY STATUTE OR APPLICABLE REGULATION.

IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS INSTRUMENT TO BE DULY SIGNED, AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE".

The Hanover Insurance Group

By: 

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: M. J. Scully & Co., Inc.
Address: 314 Main Street, SUITE 201
City: Wilmington State: MA Zip: 01887 Phone #: 978-657-5655

I am an employer with 16 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.

Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other CONSTRUCTION

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Travelers Indemnity Co.
Address: 1 Tower Square
City: Hartford State: CT Zip: 06183 Phone #: 860-277-0111
Policy #: DTHUB-1A33942-A-11 Expiration Date: 5/17/13

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.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 03/07/13
Print Name: KEVIN M. SCULLY

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: PS

DATE (MM/DD/YYYY)

06/14/12

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 Eastern States Insurance Agency, Inc. 50 Prospect Street Waltham, MA 02453	781-642-9000	CONTACT NAME:	
	781-647-3670	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	MJSCU-1
		INSURER(S) AFFORDING COVERAGE	
INSURED M.J. Scully Co., Inc. 314 Main Street Wilmington, MA 01887	INSURER A : The Charter Oak Fire Insurance		25615
	INSURER B : Travelers Property Casualty Co		25674
	INSURER C : Travelers Indemnity Company		26568
	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			CO 2379R381-COF-11	05/17/12	05/17/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			810-328D9792	05/17/12	05/17/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp Ded \$						BODILY INJURY (Per person) \$
A				810-328D9792	05/17/11	05/17/12	BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
B	UMBRELLA LIAB			CUP5719B205	05/17/12	05/17/13	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000						AGGREGATE \$ 10,000,000
							\$
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			DTHUB-1A33942-A-11	05/17/12	05/17/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N 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
B	Property			QT6602466R869	05/17/12	05/17/13	Per Prop 75,000
B	Inland Marine			QT6602466R869	05/17/12	05/17/13	Sch Equip 77,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER SOMER10 City of Somerville 50 Evergreen Ave. Somerville, MA 02145	CANCELLATION 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
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