



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

**BROOKSDALE CONSTRUCTION INC.
109 BOYD STREET
WATERTOWN, MA 02472**

License #: **1070**

Fee: **250.00**

Account ID: **843**

Reference #: **1070**

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: BROOKSDALE CONSTRUCTION INC. Business Location: OUT OF AREA Business Phone: 617-744-0219	
License Holder: BROOKSDALE CONSTRUCTION INC. 109 BOYD STREET WATERTOWN, MA 02472 617-744-0219	
Mailing Address: BROOKSDALE CONSTRUCTION INC. 109 BOYD STREET WATERTOWN, MA 02472	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JAMES MOLONEY SECRETARY - MARYANN GIEL TREASURER - MARYANN GIEL	
FID: 043513333	
Food Manager/Emergency Contact: JAMES MOLONEY 617-719-7523	

2014 MAY -5 P 2:16
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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: James G. Moloney Date 4/27/14

Print Name: James Gerry Moloney Phone cell 617-719-7523

Drain-Layer's Bond

Bond # MA3105

Know all Men by these Presents,

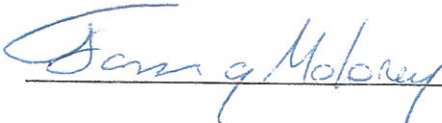
That we, (name and address) Brooksdale Construction, Inc., 109 Boyd St., Watertown MA 02472 phone: 617 744-0219
in the Commonwealth of Massachusetts, as Principal, and (name) Mechants Bonding Company (Mutual)
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within 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 repave 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.


In witness whereof we hereunto set our hands and seals this 5th day of August, 2013 in the presence of:

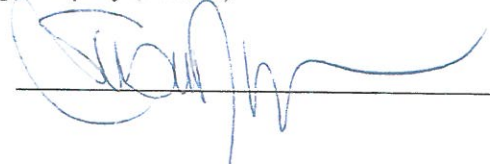
For the Principal (Affix Seal and Attach Certificate of Corporate Authority): Brooksdale Construction, Inc.

Signature 

Witness 

For the Surety (Affix Seal and Attach Power of Attorney): Mechants Bonding Company (Mutual)

Signature 
Carl L. Traina, Attorney-in-Fact

Witness 

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: Brookside Construction Inc. James Gerry Mobrey
Address: 109 Boyd str,
City: Waterbury State: MA Zip: 02472 Phone #: Cell 617-719-7523

- I am an employer with 2 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 Service Utilities

Workers' compensation insurance information (if applicable):

Insurance Company Name: Albert J. Tony
Address: 300 Congress Street
City: Quincy State: MA Zip: 02269 Phone #: 617-773-9200
Policy #: WC5-315-342350-017 Expiration Date: 4/5/15

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.

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

Signature: [Signature] Date: April 30, 2014
Print Name: Maryann Gial

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

DATE (MM/DD/YYYY)

4/30/2014

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 **ALBERT J TONRY & CO INC**
300 CONGRESS STREET
QUINCY, MA 021690907

CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL:
ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : LM Insurance Corporation	33600

INSURED
BROOKSDALE CONSTRUCTION INC
109 BOYD STREET
WATERTOWN MA 02472

INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

COVERAGES CERTIFICATE NUMBER: 20022101 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WC5-31S-342358-014	4/5/2014	4/5/2015	3 PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000

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

Workers compensation insurance coverage applies only to the workers compensation laws of the state of MA.
 PROJECT: UTILITIES, SOMERVILLE
 This certificate cancels and supersedes all previously issued certificates, only as they relate to workers compensation coverage.

CERTIFICATE HOLDER

CITY OF SOMERVILLE
PUBLIC WORKS DEPARTMENT
93 HIGHLAND AVENUE
SOMERVILLE MA 02143

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

A. Jeffrey Eldridge

LM Insurance Corporation

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