

## IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer

License Number: #191612

Business Name: L.M. Heavy Civil Construction LLC

Location: N/A

Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>LM HEAVY CIVIL CONSTRUCTION, LLC</u>
Somerville Address and Zip Code:	<u>95 FOLEY ST 02143</u>
Phone Number of the Business:	<u>578-692-1301</u>

The Legal Name of the License Holder:	<u>LM HEAVY CIVIL CONSTRUCTION LLC</u>
Street Address of the License Holder:	<u>10 COMMERCE WAY</u>
City, State and Zip Code of the License Holder:	<u>WESTFIELD, MA 01886</u>
Phone Number of the License Holder:	<u>578-589-1648</u>
Email Address of the License Holder:	<u>SHARRINGTON@LMHEAVYCIVIL.COM</u>

Where We Should Send Mail: Name:	<u>LM HEAVY CIVIL CONSTRUCTION, LLC</u>
Street Address:	<u>10 COMMERCE WAY</u>
City, State and Zip Code:	<u>WESTFIELD, MA 01886</u>
Email:	<u>SHARRINGTON@LMHEAVYCIVIL.COM</u>
Phone Number:	<u>578-589-1648</u>

Federal ID # (Do Not Give a Social Security #):	<u>20-4522225</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>STEVE HARRINGTON 578-589-1648</u>
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2012 MAY 17 PM 2:49  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

\_\_\_ Sole Proprietor: Name of Owner: \_\_\_\_\_

\_\_\_ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

\_\_\_ Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ Corporation (inc. LLC): Name of President: MICHAEL MASSARI

Name of Secretary: JOHN PASTORE

Name of Treasurer: ROBERTO MACRI

Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: 

Date 4-9-12

PAID  
MAY 11 2012

RECEIVED  
MAY 11 2012

SURETY RIDER

To be attached to and form a part of

Bond No. **LPM8961793**

Type of **Other License-Drain Layer**  
Bond:

dated  
effective **June 22, 2010**  
(MONTH-DAY-YEAR)

executed by **LM Holdings, LLC**  
(PRINCIPAL)

, as Principal,

and by **Fidelity and Deposit Company of Maryland**  
(SURETY)

, as Surety,

in favor of **Town of Somerville**  
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name to **LM Heavy Civil Construction, LLC**

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **June 22, 2011**  
(MONTH-DAY-YEAR)

Signed and Sealed **April 12, 2012**  
(MONTH-DAY-YEAR)

**LM Heavy Civil Construction LLC**  
(PRINCIPAL)

By: \_\_\_\_\_

(PRINCIPAL)

**Fidelity and Deposit Company of Maryland**  
(SURETY)

By: \_\_\_\_\_

**Victoria P Parkerson, Attorney-In-Fact**

CONTINUATION  
CERTIFICATE

Fidelity and Deposit Company of Maryland

, Surety upon

a certain Bond No. **LPM8961793**

dated effective **June 22, 2010**  
(MONTH-DAY-YEAR)

on behalf of **LM Heavy Civil Construction LLC**  
(PRINCIPAL)

and in favor of **Town of Somerville**  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **June 22, 2011**  
(MONTH-DAY-YEAR)

and ending on **June 22, 2012**  
(MONTH-DAY-YEAR)

Amount of bond **\$10,000.00**

Description of bond **Drain Layer**

Premium: **\$100.00**

**PROVIDED:** 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 the 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 had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **April 12, 2012**  
(MONTH-DAY-YEAR)

**Fidelity and Deposit Company of Maryland**

By   
**Victoria B. Parkerson, Attorney-In-Fact**

CONTINUATION  
CERTIFICATE

Fidelity and Deposit Company of Maryland

, Surety upon

a certain Bond No. **LPM8961793**

dated effective **June 22, 2010**  
(MONTH-DAY-YEAR)

on behalf of **LM Heavy Civil Construction LLC**  
(PRINCIPAL)

and in favor of **Town of Somerville**  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **June 22, 2012**  
(MONTH-DAY-YEAR)

and ending on **June 22, 2013**  
(MONTH-DAY-YEAR)

Amount of bond **\$10,000.00**

Description of bond **Drain Layer**

Premium: **\$100.00**

**PROVIDED:** 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 the 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 had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **April 12, 2012**  
(MONTH-DAY-YEAR)

**Fidelity and Deposit Company of Maryland**

By   
**Victoria P Parkerson, Attorney-In-Fact**



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: LM HENRY CIVIL CONSTRUCTION, LLC

Address of taxpayer/applicant's business in Somerville: 33 Foley ST

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 978-692-1901 evening: N/A

JOHN PASTORE, EXECUTIVE VICE PRESIDENT  
I, (print name) OF LM HENRY CIVIL CONSTRUCTION, LLC, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 10<sup>TH</sup> day of MAY, 20 12. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 12363145 # 14404100 # \_\_\_\_\_ # \_\_\_\_\_  
5623 14404400

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



**RECEIVED**

5-17-12

**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: LM HENY CIVIL CONSTRUCTION, LLC  
Address: 10 COMMERCIAL WAY  
City: WESTFORD State: MA Zip: 01886 Phone #: 978-692-1901

- ☒ I am an employer with 100+ 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: TRAVELERS CASUALTY & SURETY COMPANY - THE PHOENIX INSURANCE COMPANY  
Address: 90 MARSH USA - ONE STATE ST.  
City: HARTFORD State: CT Zip: 06103 Phone #: 860-723-5670  
Policy #: DTAUB - 377K8558 - 12 Expiration Date: 4-24-13

**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: 5-10-12  
Print Name: JOHN PASIOKE

*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)  
05/10/2012

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).

<b>PRODUCER</b> MARSH USA, INC. 20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103 Attn: Alicia Lynde (860) 723-5670  450601-poll-Cas-12-13	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> LM Heavy Civil Construction, LLC 10 Commerce Way Westford, MA 01886	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> N/A	<b>NAIC #</b> N/A
	<b>INSURER B:</b> N/A	<b>NAIC #</b> N/A
	<b>INSURER C:</b> N/A	<b>NAIC #</b> N/A
	<b>INSURER D:</b> Travelers Casualty And Surety Company	<b>NAIC #</b> 19038
	<b>INSURER E:</b> N/A	<b>NAIC #</b> N/A
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:**

NYC-006387583-01

**REVISION NUMBER: 3**

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	
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	<b>DED</b>							\$
	<b>RETENTION \$</b>							\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			DTAUB-977K8558-12	04/24/2012	04/24/2013	X WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

RE: Evidence of Workers' Compensation coverage for a new drain layers bond

**CERTIFICATE HOLDER****CANCELLATION**

City of Somerville Somerville City Hall 93 Highland Avenue Somerville, MA 02143	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 of Marsh USA Inc. Craig A. Parrow

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