

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date March 18, 2011

FOR CITY CLERK'S OFFICE ONLY	
CITY CLERK'S OFFICE SOMERVILLE, MA	Date Received <u>3/28/11</u> <u>MS</u>
	Amount Paid <u>\$250.</u> <u>ck# 65099</u>

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: James W. Flett Co., Inc. Phone: 617-484-8500

Applicant's Address (with Zip Code): 800 Pleasant Street, Belmont, MA 02478

Applicant's Email Address: dswift@jwflett.com

Applicant's Federal Employer Identification Number: 04-2349731

Business DBA Name (if applicable): _____

Business Location (with Zip Code): _____

Mailing Name (where we should send correspondence to): same

Mailing Address (with Zip Code): _____

Emergency Contact: Mark Murphy Phone: 617-908-2000

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other _____

A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Bruce W. Flett

Address with Zip Code: 800 Pleasant Street, Belmont, MA 02478

Partner's/Member's/Secretary's Name: James W. Flett III

Address with Zip Code: 800 Pleasant Street, Belmont, MA 02478

Partner's/Member's/Treasurer's Name: Bruce W. Flett

Address with Zip Code: _____

2011 MAR 28 A 9:23
CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 MAR 28 A 9:23
CITY CLERK'S OFFICE
SOMERVILLE, MA

Signature _____ Date _____

CONTINUATION
CERTIFICATE

The Hanover Insurance Company, Surety upon

a certain Bond No. **BLN1692129**

dated effective **07/11/2010**
(MONTH-DAY-YEAR)

on behalf of **James W. Flett Co., Inc.**
(PRINCIPAL)

and in favor of **City of Somerville, Massachusetts**
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **07/11/2010**
(MONTH-DAY-YEAR)

and ending on **07/11/2011**
(MONTH-DAY-YEAR)

Amount of bond **TEN THOUSAND AND NO/100THS(\$10,000.00)**

Description of bond **Drainlayers Bond**

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 **06/17/2010**
(MONTH-DAY-YEAR)

The Hanover Insurance Company

By *Claire A. Cavanaugh*
ATTORNEY-IN-FACT **Claire A. Cavanaugh**

The Driscoll Agency

Agent

93 Longwater Circle, Norwell, MA 02061

Address of Agent

(781) 681-6656

Telephone Number of Agent

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

James W. Flett Co., Inc.

***Signature of Individual or Corporate Name (Mandatory)**

By: Corporate Officer (Mandatory, if a corporation)

Mark Murphy, Vice President

04-2349731

****Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)**

* This license will not be issued unless this certification clause is signed by the applicant.

**** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: **James W. Flett Co., Inc.**

Address: **800 Pleasant Street**

City: **Belmont** State: **MA** Zip: **02478** Phone #: **617-484-8500**

- ☒ I am an employer with _____ employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: **see attached**

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: *Mark Murphy* Date: **3/18/2011**

Print Name: **Mark Murphy, Vice President**

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)
3/18/2011

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 The Driscoll Agency, Inc. 93 Longwater Circle P.O. Box 9120 Norwell MA 02061		CONTACT NAME: PHONE (A/C, No, Ext): 781-681-6656 FAX (A/C, No): 781-681-6686 E-MAIL ADDRESS: jbd@driscollagency.com PRODUCER CUSTOMER ID #: 3214	
INSURED James W. Flett Company, Inc. 800 Pleasant St. Belmont MA 02478		INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic General Ins Corp INSURER B: Everest National Insurance Co INSURER C: Peerless Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 24198	

COVERAGES

CERTIFICATE NUMBER: 1385741183

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl X, C, U <input checked="" type="checkbox"/> CG0001 12/07 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			A2CG94041102 CG0001 12/07 Applies	1/1/2011 1/1/2011	1/1/2012 1/1/2012	EACH OCCURRENCE \$1,000,000 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 - COMPIOP AGG \$2,000,000 CG 0001 (12/07) \$
A	AUTOMOBILE LIABILITY <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			A2CA94041102	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0			71C8000188111	1/1/2011	1/1/2012	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 Follow Form XS \$ \$
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 N	N/A	A2CW94041102	1/1/2011	1/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Inland Marine			IM8606903	1/1/2011	1/1/2012	Lease/Rent Per Item \$150,000 Installation Fltr \$30,000

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

Notice of cancellation provision is 30 days, except 10 days applies for non-payment of premium.

The City of Somerville is included as Additional Insured for Automobile Liability on a Primary Basis for See Attached...

CERTIFICATE HOLDER

CANCELLATION 30

City of Somerville
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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY The Driscoll Agency, Inc.		NAMED INSURED James W. Flett Company, Inc. 800 Pleasant St. Belmont MA 02478	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

the conduct of the (Named) Insured, but only to the extent of that liability.

The City of Somerville is included as Additional Insured for General Liability per form CGENGN0079 (06/08) for ongoing operations and per form CGENGN0080(06/08) for completed operations, and Excess (Umbrella) Liability, for ongoing and completed operations, as required by a signed written contract or agreement with the Named Insured

The Additional Insured coverage for General Liability & Excess (Umbrella) Liability detailed above applies on a primary, non-contributory basis where required by a signed written contract or agreement with the Named Insured.

The General Liability, Excess (Umbrella) Liability, Automobile Liability, and Workers Compensation / Employers Liability Policies include a Waiver of Subrogation in favor of The City of Somerville on whose behalf the Named Insured is required to obtain this Waiver under a written contract or agreement executed prior to a loss.

General Liability policy includes coverage for "X, C, U" (hazards, collapse of building, blasting and damage to underground property). Completed Operations, and Contractual Liability