



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Garage License

TRIUMVIRATE ENVIRONMENTAL, INC.
ATTN: ERIC CHEBATOR
200 INNER BELT RD
SOMERVILLE MA 02143

License #: BL15-000640
File #: 15-525
Fee: 605

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: TRIUMVIRATE ENVIRONMENTAL, INC. Business Location: 191 INNER BELT RD Business Phone: 617-628-8098	
License Holder: TRIUMVIRATE ENVIRONMENTAL, INC. ATTN: ERIC CHEBATOR 200 INNER BELT RD SOMERVILLE MA 02143	
Mailing Address: TRIUMVIRATE ENVIRONMENTAL, INC. ATTN: ERIC CHEBATOR 200 INNER BELT RD SOMERVILLE MA 02143	
Business Type: Corporation JOHN MCQUILLAN JR. JOHN MCQUILLAN JR. JOHN MCQUILLAN JR.	
FID: 043017601	
Emergency Contact: ERIC CHEBATOR Phone: 857-259-0653	
Proposed Hours of Operation if outside standard hours: M-F 4A-4P SA 6A-4P # of Vehicles Kept Inside: 2 # of Vehicles Kept Outside: 35 Open to the public? No Mechanical repairs? Yes Autobody work? No Spray Painting? Yes Washing vehicles? Yes Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Triumvirate Environmental

Address of taxpayer/applicant's business in Somerville: 191 Inner Belt Rd.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 857 259 0653 evening: _____

I, (print name) Eric Chebator, 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 30 day of March, 2016. [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: _____

8209 # 145003001 # N/A # N/A

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: _____

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: Trihvirate Environmental
Address: 200 Inner Belt Rd.
City: Sohenville State: MA Zip: 02143 Phone #: 617-628-5098

- I am an employer with 451 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 Environmental Services/Garage

Workers' compensation insurance information (if applicable):

Insurance Company Name: VSI Insurance Services LLC-LL
Address: 75 John Roberts Rd. Building C
City: South Portland State: ME Zip: 04106 Phone #: 855 874 003
Policy #: WLC015684358 (MA) Expiration Date: 12/31/16

Applicant certification: see attached certificate of liability insurance

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: 3/30/16
Print Name: Eric R Chebator

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 _____

ACORD™

Client#: 1036089 TRIUMENV
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2015

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.

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.

PRODUCER: USI Insurance Services LLC-CL, 75 John Roberts Road, Building C, South Portland, ME 04106, 855 874-0123
CONTACT NAME:
PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 877-775-0110
INSURER(S) AFFORDING COVERAGE: Ironshore Specialty Insurance C (25445), New Hampshire Insurance Company (23841)

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Environmental Package (General Liability, Contractors Pollution and Professional)
Coverages Limits of Insurance/Deductible
Each Occurrence Limit:
COVERAGE PART I: Coverage A, B, C Inclusive \$1,000,000/\$100,000
Coverage A: General Bodily Injury and Property Damage Liability (See Attached Descriptions)

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: [Signature]