

## APPLICATION FOR DRAIN LAYING

2015 OCT 29 A 10:17

Nonrefundable Application Fee \$250.00

Date 10 01 2015

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded CITY CLERK'S OFFICE  
Amount Paid SOMERVILLE, MA

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: JRF CORPORATION Phone: 617 8

Applicant's Federal Employer Identification Number: 04-3217687

Applicant's Legal Name: JRF CORPORATION

Applicant's Address (with Zip Code): 75 STEDMAN STREET, JAMAICA PLAIN, MA 02130

Mailing Name (where we should send correspondence to): COLM O'SHEA

Mailing Address (with Zip Code): SAME AS ABOVE

Emergency Contact: COLM O'SHEA Phone: 617 592 8833

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

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

☐ **Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

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

☐ **Trust:** Name of Trust: \_\_\_\_\_

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

☒ **Corporation:** Name of Corporation: JRF CORPORATION

Name of President: COLM O'SHEA

Name of Secretary: COLM O'SHEA Name of Treasurer: COLM O'SHEA

☐ **LLC:** Name of LLC: \_\_\_\_\_

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


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

Business (DBA) Name: JRF CORPORATION

Attach a Drain Layers Bond in the amount of \$10,000.

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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.

Signature of Applicant:  Date: 10 01 2015

Print Name: COLM O'SHEA Phone: 617 983 9701

### FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

#### ENGINEERING DEPARTMENT RECOMMENDATION:

Fax letters of recommendation from three municipal references to the Engineering Department at 617 625-4454. After you've faxed the references, contact them at 617 625-6600 x5400 to arrange for the following sign-off.

The Engineering Department recommends that the application be: ☒ Approved ☐ Denied

Signature SEE ATTACHED ENGINEERING Date \_\_\_\_\_  
APPROVAL.

**John Long**

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**From:** Pierre Belizaire  
**Sent:** Friday, November 06, 2015 12:32 PM  
**To:** John Long  
**Subject:** JRF Corporation - Drain Layer Application Reference Check  
**Attachments:** JRF Corp (11-06-15).pdf

Good Morning

I have checked the 3 municipal references for JRF Corp. (Canton, Boston Water and Sewer & Dedham) and all have expressed their satisfaction with JRF Corporation. Engineering Department is satisfied with references.

Thanks

**Pierre Belizaire**

Jr Civil Engineer  
City of Somerville  
1 Franey Road  
(o) 617-625-6600 x 5418  
(f) 617-625-4454

# CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2014

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW – Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>.

Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.


The Engineering Department welcomes the opportunity to work with you and your company in 2014. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: COLM O'SHEA

Signature: 

Date: 10 01 2015

Title: PRESIDENT

Company: JRF CORPORATION





# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 71397539 briefly described as DRAIN LAYER CITY OF SOMERVILLE,  
for JRF CORPORATION,  
as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 02, 2015, and ending April 02, 2016, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 10 day of February, 2015.

WESTERN SURETY COMPANY

By

Paul T. Bruhat, Vice President



**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 71397539 briefly described as DRAIN LAYER CITY OF SOMERVILLE,  
for JRF CORPORATION, as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 02, 2015, and ending April 02, 2016, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 10 day of February, 2015.



WESTERN SURETY COMPANY

By

*Paul T. Brulat*

Paul T. Brulat, Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

**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: JRF CORPORATION

Address: 75 STEDMAN STREET

City: JAMAICA PLAIN State: MA Zip: 02130 Phone #: 617 983 9701

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with <u>11</u> employees (full and/or part time).                                    | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input checked="" type="checkbox"/> Other <u>Excavation</u>            |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: AIM MUTUAL INSURANCE COMPANY

Address: PO BOX 4131

City: WOBURN State: MA Zip: 01888-4131 Phone #: 617 983 9701

Policy #: WCC-500-5010034-2015A Expiration Date: 04 27 2016

**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: Colm O'Shea Date: 10 01 2015

Print Name: COLM O'SHEA

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

JRFCO-2

OP ID: JB

DATE (MM/DD/YYYY)

09/29/2015

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. 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> Commercial Ins. Agency, Inc. 385 Concord Ave Suite 101 Belmont, MA 02478 Betsy Pridham	<b>Phone:</b> 617-489-1700 <b>Fax:</b> 617-484-1599	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> JRF Corporation Attn: Bob Bunstein 75 Stedman Street Jamaica Plain, MA 02130	<b>INSURER A:</b> Travelers Property Casualty Co		<b>19038</b>
	<b>INSURER B:</b> A.I.M. (Burlington Office)		
	<b>INSURER C:</b> Acadia Insurance Company		<b>31325</b>
	<b>INSURER D:</b> Torus Specialty Ins. Co		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>C</b>	<b>GENERAL LIABILITY</b>		<b>CPA5157878</b>	<b>06/17/2015</b>	<b>06/17/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<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"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>250,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>		<b>BA1440R715</b>	<b>06/17/2015</b>	<b>06/17/2016</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>D</b>	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR	<b>70591K140ALI</b>	<b>06/17/2015</b>	<b>06/17/2016</b>	EACH OCCURRENCE \$ <b>2,000,000</b>
	<input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ <b>2,000,000</b>
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>WCC500-5010034-2015A</b>	<b>04/27/2015</b>	<b>04/27/2016</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N / A				E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>CITSO93</b>  City of Somerville 93 Highland Ave 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 <i>Betsy Pridham</i>
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