



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

CK-66598
\$250

APPLICATION TO RENEW DRAIN LAYER LICENSE

JAMES W FLETT CO INC
800 PLEASANT ST
BELMONT, MA 02478

License #: 674

Fee: 250.00

Account ID: 557

Reference #: 674

#7038

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: For JAMES W FLETT CO INC Business Location: OUT OF AREA Business Phone: 617-484-8500	
License Holder: JAMES W FLETT CO INC 800 PLEASANT ST BELMONT, MA 02478 617-484-8500	2013 MAR 25 PM 12:55 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: JAMES W FLETT CO INC BELMONT, MA 02478	
Business Type: CORPORATION (INC. LLC) PRESIDENT - BRUCE FLETT SECRETARY - JAMES FLETT	
FID: 042349731	
Food Manager/Emergency Contact: BRUCE FLETT	

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: Mark Murphy Date 3/18/2013

Print Name: Mark Murphy, Vice President Phone 617-484-8500

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 **07/11/2012**
(MONTH-DAY-YEAR)

and ending on **07/11/2013**
(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 **06/26/2012**
(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

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: James W. Flett Co., Inc.

Address: 800 Pleasant Street

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

- I am an employer with 60 employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Excavation/Site work contractor
- 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.

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:  Date: 3/18/2013

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)
12/28/2012

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).

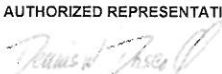
PRODUCER The Driscoll Agency, Inc. 93 Longwater Circle P.O. Box 9120 Norwell MA 02061	CONTACT NAME: PHONE (A/C No, Ext): 781-681-6656 FAX (A/C, No): 781-681-6686	
	E-MAIL ADDRESS: jbd@driscollagency.com	
INSURED James W. Flett Company, Inc. 800 Pleasant St. Belmont MA 02478	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A: Old Republic General Ins Corp 24139	
	INSURER B: Fireman's Fund Insurance Co.	
	INSURER C: Starr Indemnity & Liability Company 38318	
	INSURER D: Charter Oak Fire Insurance Co. 25615	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 893558272 **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"/> Blkt Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	Y	A2CG94041304	1/1/2013	1/1/2014	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 - COMP/OP AGG \$2,000,000 CG 0001 (12/07) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS \$1,000 Comp <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	A2CA94041304	1/1/2013	1/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0	Y	Y	SISCCCL01973413 SHX00015005192	1/1/2013 1/1/2013	1/1/2014 1/1/2014	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A		Y	A2CW94041304	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER Blkt W.O.S. E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Inland Marine			QT6600233B578	1/1/2013	1/1/2014	Lease/Rent Per Item \$250,000 Installation Fltr \$30,000 Sched Equip On File W/Company

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.

CERTIFICATE HOLDER City of Somerville City Hall 93 Highland Avenue Somerville MA 02143	CANCELLATION 30 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 
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