



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

CK 00169071  
550.00

**APPLICATION TO RENEW GARAGE LICENSE**

**BOSTON SAND AND GRAVEL CO.**  
100 N. WASHINGTON ST.  
BOSTON, MA 02114

License #: 749

City #G203

Fee: 550.00

Account ID: 632

Reference #: 749

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 <b>BOSTON SAND AND GRAVEL COMPANY</b> Business Location: <b>492 RUTHERFORD AVE</b> Business Phone: <b>617-227-9000</b>	
License Holder: <b>BOSTON SAND AND GRAVEL COMPANY</b> <b>492 RUTHERFORD AVE</b> <b>SOMERVILLE, MA 02129</b> <b>617-227-9000</b>	
Mailing Address: <b>BOSTON SAND AND GRAVEL CO.</b> <b>BOSTON, MA 02114</b> <i>P.O. Box 9187</i>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - DEAN BOYLAN JR.</b> <b>SECRETARY - JEANNE-MARIE BOYLAN</b>	
FID: <b>041107360</b>	
Food Manager/Emergency Contact: <del>BOB FERGUSON</del> <i>Michael Maloney</i> <b>617-759-3466</b> <i>549-4960</i>	

2013 APR 11 PM 3:53  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 6AM-10PM**

**NOT OPEN TO THE PUBLIC**

1 MECHANICAL REPAIRS  
1 STORING VEHICLES  
60 VEHICLES  
60 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 9/11/1997. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: *Jeanne-Marie Boylan* Date: 3/11/13

Print Name: JEANNE-MARIE BOYLAN Phone: 617-227-9000

*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:** BOSTON SAND & GRAVEL COMPANY

Name: \_\_\_\_\_

Address: 100 N WASHINGTON ST

City: BOSTON State: MA Zip: 02114 Phone #: 617-227-9000

☒ I am an employer with 200 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 \_\_\_\_\_

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

Insurance Company Name: THE HARTFORD

Address: HARTFORD PLAZA

City: HARTFORD State: CT Zip: 06115 Phone #: 877-469-9222

Policy #: 08WNMF5220 Expiration Date: 7/1/2013

**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: Jeanne-Marie Boylan Date: 3/11/13

Print Name: JEANNE-MARIE BOYLAN

*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 \_\_\_\_\_

POLICY PROVISIONS: WC 00 00 00 B

INSURER: ☐ Hartford Accident and Indemnity Company  
☐ Hartford Casualty Insurance Company  
☐ Hartford Fire Insurance Company  
☒ Hartford Underwriters Insurance Company  
☐ Twin City Fire Insurance Company

NCCI COMPANY NO.

10448  
14397  
13269  
10456  
14974

INFORMATION PAGE NCCI COMPANY NO.

☐ Hartford Insurance Company of Illinois  
☐ Hartford Insurance Company of the Midwest  
☐ Hartford Insurance Company of the Southeast

20613 (Co. Use Only)  
20605 Best L R R P R  
20621 Ind C of CFI  
01

ADDRESS: HARTFORD, CT 06155



POLICY NO. 08 WN MF5220

Previous Policy No. 08 WN MF5220

SUFFIX

LARS Renewal  
011

Co. Code

6

## Items

## 1. Named Insured and Mailing Address

(No., Street, Town, County, State)

Individual ☐Corporation ☒Partnership ☐

Other -----

Other workplaces not shown above:

## 2. The Policy Period is from 07/01/2012 to 07/01/2013

BOSTON SAND & GRAVEL COMPANY  
100 N. WASHINGTON STREET  
BOSTON, MA 02114

12:01 A.M., standard time at the insured's mailing address

## Issuing Regional Office

Producer's Name THE WEINER COMPANY, INC.  
 Producer's Code 082233  
 ONE MCKINLEY SQUARE  
 BOSTON, MA 02109

THE HARTFORD  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155

## 3. A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the states listed here:

MA, NH, NY

## B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.

The Limits of our Liability under Part Two are: Bodily Injury by Accident \$ 500,000. Each accident  
 Bodily Injury by Disease \$ 500,000. Policy Limit  
 Bodily Injury by Disease \$ 500,000. each employee

## C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING  
 AND ANY STATES DESIGNATED IN ITEM 3A OF THE INFORMATION PAGE

## D. This policy includes these endorsements and schedules: WC990005 AND SEE LISTING OF ENDTS

## 4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				\$ 240,790.
TERRORISM	9740			\$ 2,537.
CATASTROPHE	9741			\$ 158.

FEIN NO. 04-1107360

Interstate/Intrastate ID No. 910401971

NAICS: 327320

Minimum Premium: \$ 1,100.

NH

Total Estimated Annual Premium

\$ 243,485.

Deposit Premium

\$ 243,485.

Audit Period: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

07/11/2012

Countersigned by

Form WC 00 00 01 A Printed in U.S.A.

Authorized Agent

Date



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: BOSTON SAND & GRAVEL COMPANY

Address of taxpayer/applicant's business in Somerville: 492 RUTHERFORD AVE

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-227-9000 evening: \_\_\_\_\_

I, (print name) JEANNE MARIE BOYLAN, 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 11<sup>th</sup> day of March, 20 13. Jeanne-Marie Boylan  
(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: \_\_\_\_\_

13237  
# 13236 # N/A # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



**RECEIVED**  
UBanawS  
4-11-13