

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer

License Number: #191114

Business Name: James W Flett Co

Location: N/A

Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	James W. Flett Co., Inc.
Somerville Address and Zip Code:	n/a
Phone Number of the Business:	617-484-8500

The Legal Name of the License Holder:	James W. Flett Co., Inc.
Street Address of the License Holder:	800 Pleasant Street
City, State and Zip Code of the License Holder:	Belmont, MA 02478
Phone Number of the License Holder:	617-484-8500
Email Address of the License Holder:	dswift@jwflett.com

Where We Should Send Mail: Name:	James W. Flett Co., Inc.
Street Address:	800 Pleasant Street
City, State and Zip Code:	Belmont, MA 02478
Email:	dsiwft@jwflett.com
Phone Number:	617-484-8500

Federal ID # (Do Not Give a Social Security #):	04-2349731
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Emergency Contact and Phone (For Fire Dept. Use):	Bruce W. Flett - 617-484-8500
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-OVER-

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

 Sole Proprietor: Name of Owner: _____

 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

 Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Bruce W. Flett

Name of Secretary: James W. Flett, III

Name of Treasurer: Bruce W. Flett

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

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 4/11/2012

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: SEE ATTACHED INSURANCE CERTIFICATE

Name: _____

Address: _____

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

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <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 type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable): _____

Insurance Company Name: _____

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:** 4/11/12

Print Name: Donna Swift, Office Manager

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

DATE (MM/DD/YYYY)
12/30/2011

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	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Old Republic General Ins Corp</td><td>24139</td></tr><tr><td>INSURER B: Fireman's Fund Insurance Co.</td><td></td></tr><tr><td>INSURER C: Travelers Property Casualty Co of A</td><td>25674</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Old Republic General Ins Corp	24139	INSURER B: Fireman's Fund Insurance Co.		INSURER C: Travelers Property Casualty Co of A	25674	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 465504384

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 type="checkbox"/> LOC	Y	Y	A2CG94041203 CG0001 12/07 Applies	1/1/2012 1/1/2012	1/1/2013 1/1/2013	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100000 MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGG \$2000000 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 <input checked="" type="checkbox"/> \$1,000 Comp & Coll	Y	Y	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	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	Y	Y	SHX00024199473	1/1/2012	1/1/2013	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	A2CW94041203	1/1/2012	1/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER Blkt W.O.S. E.L. EACH ACCIDENT \$1000000 E.L. DISEASE - EA EMPLOYEE \$1000000 E.L. DISEASE - POLICY LIMIT \$1000000
C	Inland Marine			QT6600233B578	1/1/2012	1/1/2013	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.

CERTIFICATE HOLDER**CANCELLATION 30**

City of Somerville City Hall 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
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