



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

2015 MAY 14 P 2:08

**Application to Renew Outdoor Parking License**

**SUPERVALU, INC.**  
**250 PARKCENTER BLVD**  
**BOISE ID 83726**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

License #:

BL15-000128

File #:

15-139

Fee:

60

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) |
|---|--|
| <b>Business/DBA Name:</b> SUPERVALU, INC. ———→<br><b>Business Location:</b> 275 BEACON ST<br><b>Business Phone:</b> 617354-7023 | Star Markets Company Inc. dba Star Market # 1575     |
| <b>License Holder:</b> SUPERVALU, INC. ———→<br>250 PARKCENTER BLVD<br>BOISE ID 83726  | Star Markets Company, Inc.                           |
| <b>Mailing Address:</b> SUPERVALU, INC. ———→<br>250 PARKCENTER BLVD<br>BOISE ID 83726   | Star Markets Company, Inc.<br>See attached           |
| <b>Business Type:</b> Corporation<br>MICHAEL STIGERS<br>JOHN BOYD<br>CAROL WOOD   |  |
| <b>FID:</b> 043243710   |  |
| <b>Emergency Contact:</b> MARTY O'HALLORAN<br><b>Phone:</b> 800-379-2967  | Joseph Kiley   |
| <b># Vehicles to be Stored:</b> 3   |  |

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: Christie Pennington Date: MAY 01 2015

Printed Name: Christie Pennington Phone: 208-395-6200

ik 3.14



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Star Markets, Inc.

Address of taxpayer/applicant's business in Somerville: 275 Beacon St.

Address of taxpayer/applicant's home in Somerville: N/A - Boise, ID

Taxpayer/applicant's phone: day: 208-395-6200 evening: N/A

I, (print name) Christine Pennington, 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 1<sup>st</sup> day of May, 2015. C. Pennington  
(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: \_\_\_\_\_

# 1148 # 661052001 # 40 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: SR

ORIGINAL STAMP:



**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: Star Market # 7575

Address: 275 Beacon St.

City: Somerville State: MA Zip: 02145 Phone #: 617-354-7023

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with <u>100+</u> employees (full and/or part time).                       | Business Type: <input checked="" 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: C. Periti Date: MAY 01 2015

Print Name: Christine Pennington

**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)  
03/25/2015

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><br>Marsh USA, Inc.<br>1301 5th Avenue, Suite 1900<br>Seattle, WA 98101<br>Attn: JULIE METZGER                                  |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b>  |  |
| 936501-NAI-GAWU-15-16      26965    AUGUS    SW  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>NEW ALBERTSON'S, INC.<br>AND ALL AFFILIATED, SUBSIDIARY & ASSOCIATED COMPANIES<br>250 E. PARKCENTER BLVD.<br>BOISE, ID 83706 |  | <b>NAIC #</b><br>INSURER A: ACE American Insurance Company      22667<br>INSURER B: XL Insurance America, Inc.      24554<br>INSURER C: N/A      N/A<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |

**COVERAGES****CERTIFICATE NUMBER:**

SEA-002396496-23

**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   |
|----------|--|--|-----------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> SIR - \$1,000,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  | XSLG27392945    | 03/31/2015              | 03/31/2016              | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A<br>MED EXP (Any one person) \$ N/A<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |  | ISAH08853204    | 03/31/2015              | 03/31/2016              | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |  | US00065026LI15A | 03/31/2015              | 03/31/2016              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> N | WLRC4814939A    | 03/31/2015              | 03/31/2016              | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS<br>OTH-ER<br>E L EACH ACCIDENT \$ 2,000,000<br>E L DISEASE - EA EMPLOYEE \$ 2,000,000<br>E L DISEASE - POLICY LIMIT \$ 2,000,000  |

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

Evidence of Insurance

**CERTIFICATE HOLDER**New Albertson's, Inc.  
And all Affiliated, Subsidiary & Associated Companies  
250 E. Parkcenter Blvd.  
Boise, ID 83706**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  
of Marsh USA Inc.

Cheryl L. Koch

*Cheryl L. Koch*

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