

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 8-28-14

2014 AUG 28 A 10:30

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 8/28/14

Amount Paid \$250

- ☒ New Application
- ☐ Renewing Application with Additions or Changes
- ☐ Renewing Application with NO Additions or Changes

Business Name: Anchor Excavating Corp Phone: 781-871-9216 x16

Business DBA Name (if applicable): _____

Address with Zip Code: 16 Industrial Way, Hanover, MA 02339

Tax Identification Number: 043386144 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): Anchor Excavating Corp.

Address with Zip Code: 16 Industrial Way Hanover, MA 02339

Property Owner Name: Somerville Millbrook Gess Phone: _____

Address with Zip Code: 121 High St. 3rd floor LLP Boston, MA 02110

Emergency Contact 1: Peter Varrasso Phone: 781-760-1912

Emergency Contact 2: Steve Varrasso Phone: 781-760-1756

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Stephen A Varrasso

Address with Zip Code: 46 Bell Drive, Whitman MA 02382

Partner's/Member's/Secretary's Name: Stephen A Varrasso

Address with Zip Code: 46 Bell Drive, Whitman MA 02382

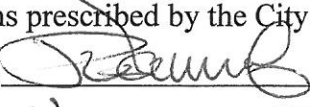
Partner's/Member's/Treasurer's Name: Stephen A. Varrasso

Address with Zip Code: 46 Bell Drive, Whitman MA 02382

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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.

Signature of Applicant:  Date: 8-13-14

Print Name: Peter Varrasso Jr Phone: 781-760-1912

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

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

Signature _____ Date _____



Bond No. 2219361

License Bond

KNOW ALL MEN BY THESE PRESENTS that we, Anchor Excavating Corp
_____ as Principal,
and Great American Insurance Company, a corporation organized under the laws of the State of Ohio,
as Surety, are held and firmly bound unto City of Somerville Department of Public Works as Obligee,
in the sum of Ten Thousand Dollars----- (\$ 10,000.00)
lawful money of the United States of America, to be paid unto the said Obligee or its successors; for
which payment, well and truly to be made and done, we bind ourselves, our successors and assigns,
jointly and severally, firmly by these presents.

Signed, sealed and dated August 21, 2014.

WHEREAS, the said Principal now has or will be granted a license or permit to engage in the business of
Drain Layer
in the State of Massachusetts.

NOW, THEREFORE, the condition of this obligation is such that if the said Principal shall faithfully comply with all laws, ordinances, rules and regulations pertaining to such License and Permit and shall indemnify and save harmless the Obligee from all loss or damage that the Obligee shall suffer by reason of the said Principal's failure to comply with said laws, ordinances, rules and regulations, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that the Surety may terminate its liability hereunder at any time by giving thirty (30) days written notice of such termination sent through the United States mail to the Obligee.

The term of this bond shall be from 08/21/2014 to 08/20/2015
but may be continued on a year to year basis by continuation certificate at the option of the Surety.

Anchor Excavating Corp
Principal

By: _____

A handwritten signature in black ink, appearing to be "Anchor Excavating Corp", written over a horizontal line.

Great American Insurance Company
Surety

By: _____

A handwritten signature in blue ink, appearing to be "Terrence P. Smith", written over a horizontal line.

Terrence P. Smith, Attorney-in-Fact



GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. 2219361

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Terrence P. Smith	25 Newport Avenue Ext., First Floor Quincy, MA 02171-1748	\$10000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 21st day of August, 2014.
Attest
GREAT AMERICAN INSURANCE COMPANY



Atty L C. B.
Assistant Secretary

David C. Kitchen
Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 21st day of August, 2014, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



KAREN L. GROSHEIM
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 02-20-16

Karen L. Grosheim

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 21st day of August, 2014.



Atty L C. B.
Assistant Secretary

CERTIFICATE OF CORPORATE AUTHORITY

I, Stephen Varrasso, Clerk of
Name of Clerk or Secretary
Anchor Excavating Corp hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the 08 day of
Date
14, 1997, at which a quorum was present and voting throughout, the following
Month Year
vote was duly passed and is now in full force and effect:

VOTED: That Peter C. Varrasso, Jr., Vice President be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Peter C. Varrasso, Jr., Vice President to be valid
Name of Officer authorized to sign for the Corporation
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Peter C. Varrasso, Jr., Vice President
Name of Officer authorized to sign for the Corporation
is the duly elected Vice President of said Corporation.
Title

Signed

Clerk or Secretary

Place of Business

Hanover, MA

Date

8-13-14

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned

Name & Title of Countersigning Officer

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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.

Anchor Excavating Corp

*Signature of Individual or Corporate Name (Mandatory)

[Signature]

By: Corporate Officer (Mandatory, if a corporation)

04 3386144

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

**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: Anchor Excavating Corp
Address: 16 Industrial Way
City: Hanover State: MA Zip: 02339 Phone #: 781-871-9216

- ☒ I am an employer with 10 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Twinbrook Insurance Brokerage
Address: 400A Franklin St.
City: Braintree State: MA Zip: 02184 Phone #: 781-843-7000
Policy #: WC 7938573 Expiration Date: 1/1/15

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: _____

Print Name: Peter Varrasso Jr

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)

8/13/14

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 Twinbrook Insurance Brokerage 400A Franklin Street Braintree, MA 02184	CONTACT NAME: Marybeth Montella	
	PHONE (A/C No Ext): (781) 843-7000 FAX (A/C No):	
	E-MAIL ADDRESS: mmontella@twinbrook.com	
INSURED Patriot Equipment Corp. Anchor Excavating 16 Industrial Way Hanover, MA 02339	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			S1917660	1/1/14	1/1/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			A909275104	1/1/14	1/1/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			S1917660	1/1/14	1/1/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC7938573	1/1/14	1/1/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The City of Somerville is added as an Additional Insured on the General Liability per written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
Department of Public Works
1 Franey Road
Somerville, MA 02145

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

Joseph Rizzo/pn

© 1988-2010 ACORD CORPORATION. All rights reserved.