

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-20823 DE BE I ME

MAR 0 6 2013

APPLICATION TO RENEW DRAIN LAYER LICENSE

J. DERENZO CO 338 HOWARD ST BROCKTON, MA 02302 Fee: 250.00
Account ID: 575
Reference #: 692

7037

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. 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 J. DERENZO CO Business Location: OUT OF AREA Business Phone: 508-427-6441			
License Holder: J. DERENZO CO 338 HOWARD ST BROCKTON, MA 02302 508-427-6441	ZII NA		
Mailing Address: J. DERENZO CO BROCKTON, MA 02302	338 Howard Street N Brockton MA 202352		
Business Type: CORPORATION (INC. LLC) SECRETARY - ANTHONY LOCONTE TREASURER - ANTHONY LOCONTE	12: 55 PFFICE PAA		
FID: 042077274			
Food Manager/Emergency Contact. ANTHONY LOCONTE 617-212-4517			

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 tru-All information shown above is true and accurate. -Any changes above are subject to the approval of the BOARD OF -I have filed all State tax returns and paid all State taxes required by	ALDERMEN.
Signature:	
Print Name: Harlway C. Lo Conte Jr.	Phone 617-212-4517
J	

LICENSE OR PERMIT BOND

			Bond 1040396	
LICENSE OR PERMIT BOND				
KNOW ALL BY THESE PRESENTS, Th 338 Howard Street, Brockton MA02:	at we, <u>J. Derenzo Co.</u> 302			
as Principal, and the Arch Insurance C	Company	,a	Missouri	corporation
as Surety, are held and firmly bound unto	City of Somerville, 9:	3 Highland Avenue,	Somerville MA 02143	, as Obligee,
in the sum of TEN THOUSAND AND	NO/100THS			_ , as Congcc,
for which sum, well and truly to be paid, w severally, firmly by these presents.	e bind ourselves, our heir	s, executors, administra	Dollars (: \$10,000.00 ators, successors and assigns, jo	pintly and
Signed and sealed this 1st	day of	April	, 2012	1960
THE CONDITION OF THIS OBLIGATION license or permit to do business as	truly comply with applicable remain in full force and ending of notice in	ble local ordinances, and effect. , or until the date of exp	od conduct business in conformation of any Continuation Continuation of any continuation continu	nity therewith,
		J. Derenzo C	Co.	
				Principal
		Ву		
		By Clau	Claire A. Cavanaugh, Attom	Lev-in-Fact

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: J. Devenzo (0.	
Address: 338 Haward Street	
City: Bockton State: MA	Zip: 02352 508-427-644
I am an employer with 250 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.	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other Site (ontracting
Workers' compensation insurance information (if applicable):	Λ.
	Co.
Address: 199 Water St - 11th Floor	22
City: New York State: NY	Zip: 10038 Phone #:
Policy #: A 2 CW 02111200	Expiration Date: 3/1/2019
Applicant certification:	
Failure to secure coverage as required under Section 25A of MGL 152 car to \$1,500.00 and/or one years' imprisonment as well as civil penalties \$100.00 a day against me. I understand that a copy of this statement may for coverage verification.	in the form of a STOP WORK ORDER and a fine of
I do hereby certify under the pains and penalties of perjury that the information	rmation provided above is true and correct.
Signature:	Date: 3 7 13
Print Name: Anthony C. Lo Conte	Jr.
Official use only. Do not write in this area. To be co	Board of Health Building Department City/Town Clerk Licensing Board
Contact Person: Phone #:	Selectmen's Office Other

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/18/2013

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)

certificate holder in lieu of su	ch endorsement(s).				
PRODUCER		CONTACT NAME:			
The Driscoll Agency, Inc.		PHONE (A/C, No, Ext): 781-681-6656	FAX (A/C, No):781-681	-6686	
93 Longwater Circle P.O. Box 9120 E-MAIL ADDRESS:jbd@driscollagency.com					
Norwell MA 02061		INSURER(S) AFFORDING COVERAGE		NAIC#	
		INSURER A :Old Republic General Ins Corp	24	4139	
INSURED	4111	INSURER B :Starr Indemnity & Liability Compar	ny 38	3318	
J. Derenzo Co.		INSURER C : Navigators Insurance Company			
338 Howard Street Brockton MA 02302		INSURER D: The Hanover Insurance Company		2292	
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 559928448	REVISION NU	MBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
INDICATED NOTWITHSTANDIN	G ANY RECHIREMENT TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WIT	H RESPECT TO W	HICH THIS I	

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-s
A	GENERAL LIABILITY	INSR	WVD	A2CG02711301		3/1/2014	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY			720002711001	07112070	57372013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
	X CG0001 12-07						PERSONAL & ADV INJURY	\$1,000,000
	X Incl XCU						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- X LOC							\$
Α	AUTOMOBILE LIABILITY			A2CA02711301	3/1/2013	3/1/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	S
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							Comp/Coll ded	\$2,000
ВС	UMBRELLA LIAB X OCCUR			SISCCCL01757713 NY13EXC745879IV		3/1/2014 3/1/2014	EACH OCCURRENCE	\$20,000,000
٢	X EXCESS LIAB CLAIMS-MADE			1322074587910	5/1/2013	5/1/2014	AGGREGATE	\$20,000,000
	DED X RETENTION \$ 0							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			A2CW02711200	3/1/2013	3/1/2014	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Contractors Equip Installation Floater CE Scheduled			RHN946477900	3/1/2013		Installation Floater	\$500,000 \$500,000 18,654,265

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

RE: Drain layers License. Notice of cancellation provision is 30 days, except 10 days applies for non-payment of premium.

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City of Somerville Department of Public works 93 Highland Avenue Somerville MA 02143 CANCELLATION 30 days, except 10 days non-payment

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

Premis W Three 1

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