



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

CLC 18626
250.00

APPLICATION TO RENEW DRAIN LAYER LICENSE

YOUR SPACE LANDSCAPE AND CONST. INC
2 BLANCHARD RD
BURLINGTON, MA 01803

License #: **686**

Fee: **250.00**

Account ID: **569**

Reference #: **686**

#7045

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 YOUR SPACE LANDSCAPE AND CONST. INC	
Business Location: OUT OF AREA	
Business Phone: 781-273-1950	
License Holder: YOUR SPACE LANDSCAPE AND CONST. INC 2 BLANCHARD RD BURLINGTON, MA 01803 781-273-1950	
Mailing Address: YOUR SPACE LANDSCAPE AND CONST. INC BURLINGTON, MA 01803	
Business Type: CORPORATION (INC. LLC) PRESIDENT - STEVEN PEPE TREASURER - STEVEN PEPE	
FID: 042879362	
Food Manager/Emergency Contact: STEVE PEPE 617-839-1557	

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 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: *Steven L. Pepe*

Date: *3/6/13*

Print Name: *Steven L. Pepe*

Phone: *617-839-1557*

COPY

Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61061770 briefly described as DRAINLAYER CITY OF SOMERVILLE,
for YOUR SPACE LANDSCAPE & CONSTRUCTION, INC., as Principal,
 in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 13, 2013, and ending May 13, 2014, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 04 day of March, 2013.



WESTERN SURETY COMPANY
 By Paul T. Bruhat
 Paul T. Bruhat, Vice President

COPY

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61061770 briefly described as DRAINLAYER CITY OF SOMERVILLE

for YOUR SPACE LANDSCAPE & CONSTRUCTION, INC.

_____, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 13, 2012, and ending May 13, 2013, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 10 day of February, 2012.



WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

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: Your Space Landscape + Const, Inc.

Address: 2 Blanchard Rd.

City: Burlington

State: MA

Zip: 01803

Phone #: 781 273-1950

- ☒ I am an employer with 10 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: Torrey UTICA National

Address: 300 Congress St.

City: Quincy

State: MA

Zip: 02169

Phone #: 617 773-9200

Policy #: 4519337

Expiration Date: 3/6/14

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: [Signature] Date: 3/6/13

Print Name: Steven Pepe

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/11/2013

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).

PRODUCER
Albert J. Tonry & Co., Inc.
300 Congress Street

Quincy MA 02169

INSURED
Your Space Landscape & Construction, Inc.
2 Blanchard Road

Burlington MA 01803

CONTACT NAME: Louis Tonry Jr.

PHONE (A/C No. Ext): (617) 773-9200

FAX (A/C No.): (617) 773-9920

E-MAIL: ltonry@tonry.com

ADDRESS: 1tonry@tonry.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Harleysville Preferred Ins.

35696

INSURER B: Safety Indemnity

33618

INSURER C: Harleysville Worcester Ins Co

26182

INSURER D: Utica National Insurance

43478

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL133806004

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					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SPP00000042576Q	3/6/2013	3/6/2014	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	3949129	3/6/2013	3/6/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
C	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				BODILY INJURY (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				PROPERTY DAMAGE (Per accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CMB00000056518M	3/6/2013	3/6/2014	Medical payments \$ 5,000
						EACH OCCURRENCE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					AGGREGATE \$ 5,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N	4519337	3/6/2013	3/6/2014	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
						E.L. EACH ACCIDENT \$ 500,000
A	Equipment Floater		SPP00000042576Q	3/6/2013	3/6/2014	E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
						Leased / Rented Equipment \$75,000

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

Re: Drain Layer's License

Operations usual to a landscape contractor

CERTIFICATE HOLDER

City of Somerville
Attn: John J. Long
93 Highland Avenue
Somerville, MA 02143

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

L Tonry Jr./LTONRY

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