



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

CK-681986  
\$250

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**MANAFORT BROTHERS INC**  
414 NEW BRITAIN AVE  
PLAINVILLE, CT 06062

License #: 693

Fee: 250.00

Account ID: 576

Reference #: 693

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 <b>MANAFORT BROTHERS INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>860-229-4853</b>	CITY CLERK'S OFFICE SOMERVILLE, MA APR 29 A 11:55
License Holder: <b>MANAFORT BROTHERS INC</b> <b>414 NEW BRITAIN AVE</b> <b>PLAINVILLE, CT 06062</b> <b>860-229-4853</b>	
Mailing Address: <b>MANAFORT BROTHERS INC</b> <b>PLAINVILLE, CT 06062</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JAMES MANAFORT JR.</b> <b>SECRETARY - LAUREN MANAFORT</b>	Lauren Manafort - Secretary/Treasurer
FID: <b>060619109</b>	
Food Manager/Emergency Contact: <b>JOHN WALWOOD</b> <b>401-255-7960</b>	

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: Lauren Manafort Date 04/19/13

Print Name: Lauren Manafort, Secretary/Treasurer Phone (860)229-4853

## Continuation Certificate

Surety, upon **Western Surety Company**  
a certain Bond No. **929540144**

dated effective **11/4/2011**  
(MONTH-DAY-YEAR)

on behalf of **Manafort Brothers Incorporated**  
(PRINCIPAL)

and in favor of **City of Somerville, Department of Public Works**  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **11/4/2012**  
(MONTH-DAY-YEAR)

and ending on **11/4/2013**  
(MONTH-DAY-YEAR)

Amount of bond **\$10,000.00**

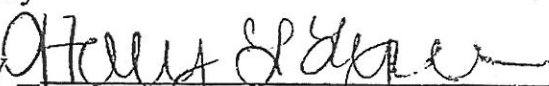
Description of Bond **Drain Layers Bond.**

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **9/19/2012**  
(MONTH-DAY-YEAR)

**Western Surety Company**

Surety

By   
Holly L. Lynch, Attorney-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: Manafort Brothers Incorporated

Address: 414 New Britain Ave.

City: Plainville State: CT Zip: 06062 Phone #: (860)229-4853

- I am an employer with 500+ 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 Company

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: New Hampshire Insurance Company

Address: Producer: Lockton Companies, LLC 195 Scott Swamp Rd. Ste. 201

City: Farmington State: CT Zip: 06032 Phone #: 860-678-4000

Policy #: WC 035896760 Expiration Date: 01/01/2014

**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: Lauren Manafort Date: 04/19/13

Print Name: Lauren Manafort, Secretary/Treasurer

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

1/1/2014

DATE (MM/DD/YYYY)

12/28/2012

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 Lockton Companies, LLC 195 Scott Swamp Road, Suite 201 Farmington CT 06032 860-678-4000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: National Union Fire Ins Co Pittsburgh PA		19445
INSURER B: New Hampshire Insurance Company		23841
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
1027128 Manafort Brothers Incorporated  
414-420 New Britain Avenue  
Plainville CT 06062

COVERAGES MANBR01 CERTIFICATE NUMBER: 10736053

REVISION NUMBER: XXXXXXXX

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"/> Contractual.XCU Incl  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	N	N	GL 9612977	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
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"/> Comp \$500 <input checked="" type="checkbox"/> Coll \$500	N	N	CA 3275083	1/1/2013	1/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$0	N	N	8766125	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 035896760	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATUS: I OTH-ER: 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)  
Additional Insured Status and Waivers of Subrogation are available pursuant to requirements under written contract.

CERTIFICATE HOLDER

CANCELLATION

10736053

\*\*\*SAMPLE CERTIFICATE\*\*\*

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