

2014 JUN 23 A 11:36

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

Date June 18, 2014

- New Sign, Awning or Advertising Device
- New Facing on an Existing Frame
- Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business (DBA) Name: Rockland Trust Phone: (781) 982-6242

Applicant's Federal Employer Identification Number: 04-1782600

Applicant's Legal Name: Rockland Trust Company

Applicant's Address (with Zip Code): 399 Highland Avenue, Somerville, MA 02144

Mailing Name (where we should send correspondence to): Rockland Trust

Mailing Address (with Zip Code): 288 Union Street, Rockland, MA 02370 Attn: Facilities

Emergency Contact: Wendy Frye-Field Phone: (508) 633-6375

Type of Business (Check Only One and Provide the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____

<input type="checkbox"/> Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____

<input checked="" type="checkbox"/> Corporation: Name of Corporation: <u>Rockland Trust Company</u>
Name of President: <u>Christopher Oddleifson</u>
Name of Secretary: <u>Linda Campion</u> Name of Treasurer: <u>Robert Cozzone</u>
<input type="checkbox"/> LLC: Name of LLC: _____
Names of All Managers Who Own More Than 10%: _____

<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: Sign Design

Phone: (508) 508-0074

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____

two windows on Highland Avenue.

four windows on Grove Street

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 permit. This permit 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. 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.

Signature of Applicant: Wendy Frye Date: 6/18/14

Print Name: Wendy Frye Field, Vice President Phone: (781) 982-6242
Facilities Manager

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: _____ True False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: Al Bargaat Date: 6/19/14

Print Name: Al Bargaat Title: L.O.B.I.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

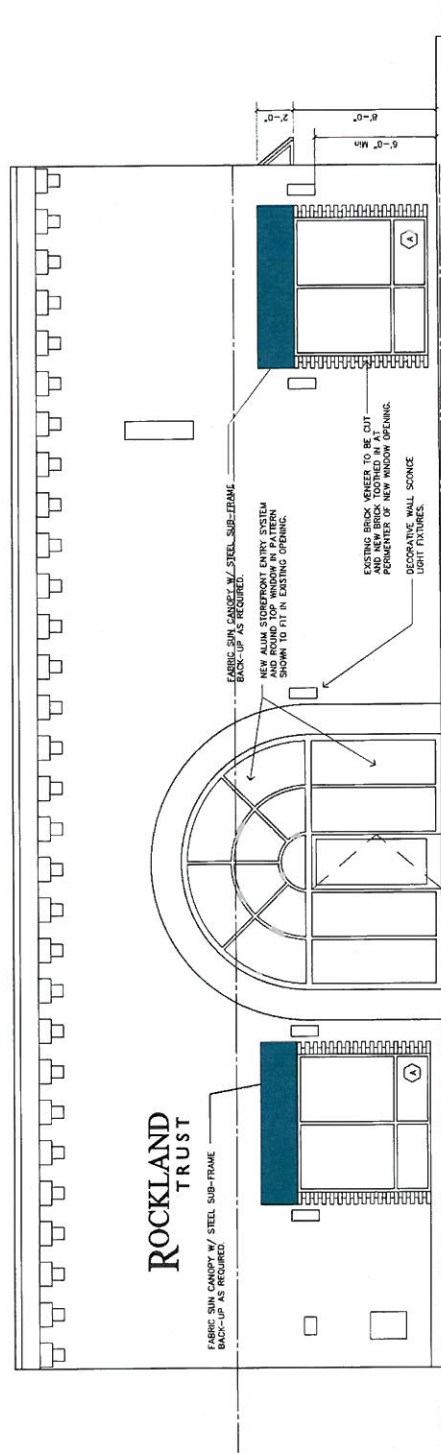
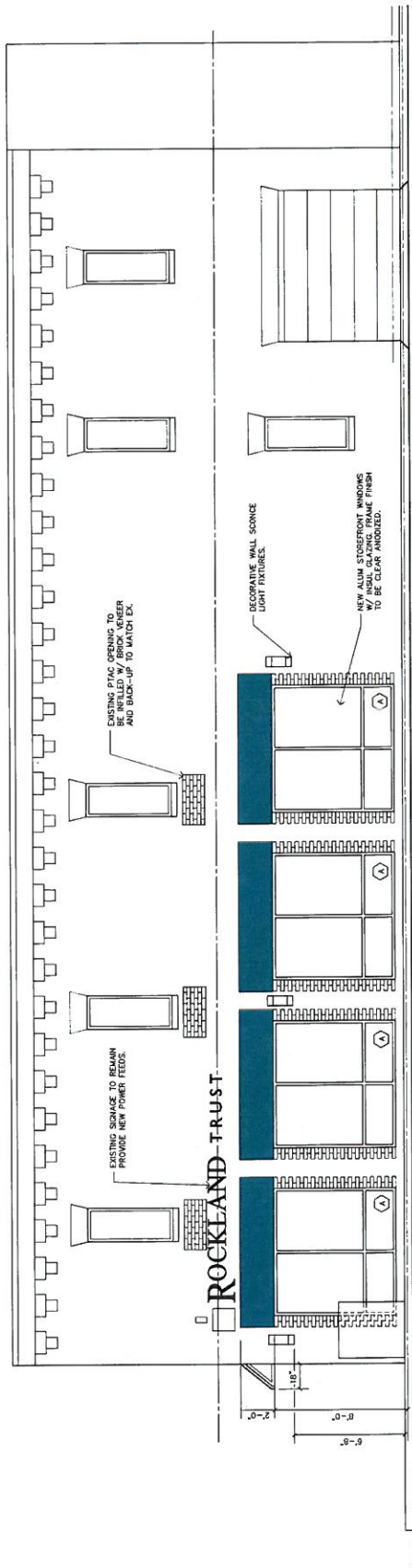
(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____

INSTALLATION LOCATIONS



M. HOLLAND & SONS
CONSTRUCTION

AWINGS
ROCKLAND TRUST
399 HIGHLAND AVE

WORK ORDER
77986

DATE
05-29-14

SALES REPRESENTATIVE
Scott Clement
PROJECT MANAGER

DESIGNER
Stacey Morse

CLIENT
Melissa Magellan

DB

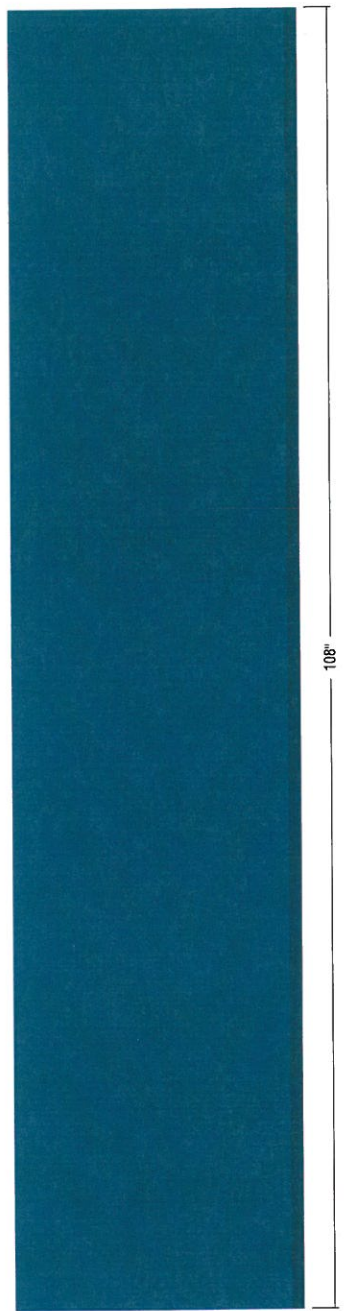
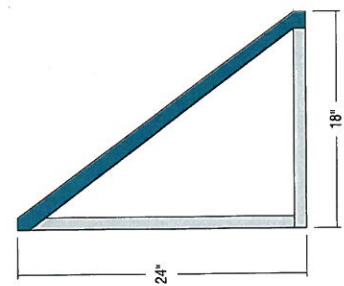
SCALE
N/A

SHEET
02 OF 02

This drawing is the property of KS Sign Design and is not to be reproduced, copied, or used in any way without the written consent of KS Sign Design. The client agrees to hold KS Sign Design harmless from any and all claims, damages, and liabilities, including reasonable attorneys' fees, arising from the use of this drawing. The client also agrees to hold KS Sign Design harmless from any and all claims, damages, and liabilities, including reasonable attorneys' fees, arising from the use of this drawing.

AWNINGS

Quantity: 6 shed style awnings
 Size: 108" w x 24" h x 18" p
 Material: steel tube frame covered with
 Dickson Ocean Blue #7264
 Installation: mechanically fastened to building
 fascia (see following page for
 installation locations)



APPROVED NOT APPROVED
 APPROVED AS NOTED
 REVISE & RESUBMIT

Checking is only for conformance with the design
 concept of the project and compliance with the information
 given in the contract documents. The Contractor is responsible
 for dimensions to be confirmed and coordinated at the job
 site. For information that pertains solely to the fabrication
 process of the techniques or construction and for coordi-
 nation of the work of all trades

Checked by: GFB
 Date: 5-30-14

DRL Associates, Inc. Architects
 2 West Street Suite G
 Weymouth Massachusetts 02190

Field verify all dimensions prior to
 fabrication.
 Vendor to obtain all permits and town
 approvals prior to fabrication.

M. HOLLAND & SONS
 CONSTRUCTION

AWNINGS
 ROCKLAND TRUST
 399 HIGHLAND AVE

WORK ORDER
77986
 DATE
05-29-14

SALES REPRESENTATIVE
Scott Clement
 PROJECT MANAGER
Stacey Morse
 CUSTOMER SERVICE REP
Melissa Magellan
 TITLE
DB

SCALE **10%**
 SHEET
01 of 02

THIS DOCUMENT IS THE PROPERTY OF SIGN DESIGN INC. AND IS TO BE USED ONLY FOR THE PROJECT AND LOCATION SPECIFICALLY IDENTIFIED HEREIN. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF SIGN DESIGN INC. ANY UNAUTHORIZED USE OF THIS DOCUMENT IS STRICTLY PROHIBITED. SIGN DESIGN INC. ACCEPTS NO LIABILITY FOR ANY ERRORS OR OMISSIONS IN THIS DOCUMENT. THE USER ASSUMES ALL LIABILITY FOR ANY DAMAGE OR LOSS OF PROFITS, BUSINESS, OR REPUTATION, OR ANY OTHER DAMAGES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING FROM THE USE OF THIS DOCUMENT.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2014

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 Farrell Backlund Ins LLC DBA FBinsure PO Box 549 Middleboro, MA 02346 Russel F. Martorana, CIC, CWCA	Phone: 508-947-3036	CONTACT NAME:	
	Fax: 508-880-0142	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Great Northern Ins Co	20303
		INSURER B : Federal Insurance Company	20281
		INSURER C : Chubb Group of Insurance Co	38989
		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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		35913296	11/01/2013	11/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> 25ML Comb Agg						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ included
							Loc Agg \$ 25,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X		79871294	11/01/2013	11/01/2014	EACH OCCURRENCE \$ 15,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 15,000,000
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ none						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	71739354 MA, RI	04/15/2014	04/15/2015	<input checked="" type="checkbox"/> WC STATU. TORY LIMITS
	<input type="checkbox"/> OTHER						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Property			35913296	11/01/2013	11/01/2014	Blkt Bldg 82,652,135
	RC/Special Form			DED ALL LOCATIONS - \$25K			Blt BPP* 32,360,496

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

Financial Institution. Re: Signs and Awnings located on public way at 399 and 401 Highland Ave, Somerville MA City of Somerville is an Additional Insured regarding General Liability and Umbrella/Excess Liability when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
SOMERV2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Somerville Attn: City Clerk's Office 93 Highland Ave Somerville, MA 02143	AUTHORIZED REPRESENTATIVE <i>Carla Grosvenor</i>

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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Rockland Trust

Address of taxpayer/applicant's business in Somerville: 399 Highland Avenue

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: (781) 982-6242 ^{cell:} evening: (508) 633-6375

I, (print name) Wendy Fryefield, 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 18th day of June, 2014. Wendy Fryefield
(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: _____
7344 # 316036001 # _____ # _____

NOTES:

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP:  **RECEIVED**
6/23/14

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: ROCKLAND TRUST

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input 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: SEE ATTACHED

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: _____ Date: _____

Print Name: _____

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

INDEP-2 OP ID: CJG

DATE (MM/DD/YYYY)
06/20/2014

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		E-MAIL ADDRESS:
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	INSURER B : Federal Insurance Company	20281
	INSURER C : Chubb Group of Insurance Co	38989
	INSURER D :	
	INSURER E :	
	INSURER F :	


INSURED
Independent Bank Corp
Rockland Trust Co, et al
288 Union Street
Rockland, MA 02370

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	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ included
						Loc Agg \$ 25,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	79871294	11/01/2013	11/01/2014	EACH OCCURRENCE \$ 15,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 15,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ none	<input checked="" type="checkbox"/>				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N	71739354 MA, RI	04/15/2014	04/15/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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	AUTHORIZED REPRESENTATIVE 

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