



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

APPLICATION TO RENEW FLAMMABLES LICENSE

TRUSTEES OF TUFTS UNIVERSITY
DANA P. ANDRUS
520 BOSTON AVE
MEDFORD, MA 02155

License #: 1040

City #F143

Fee: 550.00

Account ID: 816

Reference #: 1040

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 TUFTS FACILITIES SERVICES DEPT. Business Location: 37R LATIN WAY Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS UNIVERSITY DANA P. ANDRUS 520 BOSTON AVE MEDFORD, MA 02155 617-627-3992	
Mailing Address: TRUSTEES OF TUFTS UNIVERSITY 520 BOSTON AVE MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC)	
FID: 042103634	
Food Manager/Emergency Contact: DANA ANDRUS 617-627-3496	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:
Originally granted 7/1/1936. Storage only, 20,000 gallons Fuel Oil #6.

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: Dana P. Andrus Date: 5/8/2013

Print Name: DANA P. Andrus (Agent) Phone: 617-627-3992



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Trustees of Tufts University

Address of taxpayer/applicant's business in Somerville: 42 Talbot Ave 378 LATW WAY Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: 520 Boston Ave Medford, MA 02155

Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, (print name) DANA P. ANDRUS (Agent), 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 12 day of April, 2013. Dana P. Andrus (Agent)
(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: _____

09200 230 # 09200 230 # _____

NOTES: 14529

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: TRUSTEES of TUFTS COLLEGE & WALNUT HILL PROPERTIES CORP

Address: 169 HOLLAND STREET

City/State/Zip: SOMERVILLE MA 02144 Phone #: 617-627-3981

Are you an employer? Check the appropriate box:

1. I am an employer with 4,525 employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit UNIVERSITY
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: NEW YORK MARINE & GENERAL INSURANCE COMPANY

Insurer's Address: 59 MAIDEN LN, STE 2700, NY, NY 10038-4647

City/State/Zip: NY, NY 10038-4647

Policy # or Self-ins. Lic. # WC2012REPP00063 & SE WC #702 Expiration Date: 7/1/2013

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 4/16/2013

Phone #: 617-627-3981

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____

SPECIFIC EXCESS & AGGREGATE EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY INDEMNITY POLICY

New York Marine And General Insurance Company
59 Maiden Lane, Suite 2700 New York, New York 10038-4647
212-551-0600; Fax 855-888-8967
(hereafter referred to as the "Company")

Policy No. WC2012EPP00063

Item 1. Insured: Trustees of Tufts College and Walnut Hill Properties Corporation

Item 2. (a) Mailing address: 169 Holland Street
Somerville, MA 02144
(b) Principal place of business: Same as above

Item 3. Named State(s): Massachusetts

Item 4. Excluded State(s): None

Item 5. Policy Period:

(a) From: July 1, 2012

(b) To: July 1, 2013

Both days at 12:01 A.M. standard time at the Insured's address shown in Item 2 of these Declarations.

Item 6. Loss Reporting Period: Quarterly

Item 7. Insured's Specific Retention:

(a) Each accident: \$450,000

(b) Each employee for disease or cumulative injury: \$450,000

Item 8. Company's Limit Each Accident:

(a) Policy Part One, Worker's Compensation: Statutory

(b) Policy Part Two, Employers Liability: \$1,000,000

Item 9. Company's Limit Each Employee For Disease Or Cumulative Injury:

(a) Policy Part One, Worker's Compensation: Statutory

(b) Policy Part Two, Employers Liability: \$1,000,000

Item 10. Insured's Retention For Aggregate Coverage:

(a) Rate as a percentage of Normal Premium: NIL

(b) Estimated Normal Premium: NIL

(c) Minimum Retention: NIL

The Commonwealth of Massachusetts

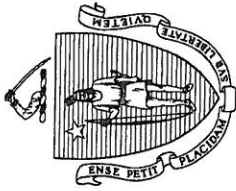
License No.

702

DEPARTMENT OF INDUSTRIAL ACCIDENTS

Serial No.

1123



This is to Certify that TRUSTEES OF TUFTS COLLEGE & WALNUT HILL PROPERTIES CORP. of 169 Holland Street, Somerville, MA 02144, having conformed with the provisions of sub-paragraph (2, b) of Section 25A of Chapter 152 of the General Laws is hereby licensed to be a

SELF-INSURER

This license is effective for a period of one year from the FIRST day of

J U L Y

20 12 at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

Richard Hillman

D I R E C T O R

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS