

NIPPON EXPRESS

30 INNER BELT RD SOMERVILLE, MA 02143

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

License #:

639

Fee:

City #G253 550.00

Account ID:

524

Reference #:

639

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: NIPPON EXPRESS Business Location: 30 INNER BELT RD Business Phone: 617-591-8800	
License Holder: NIPPON EXPRESS 30 INNER BELT RD SOMERVILLE, MA 02143 617-591-8800	OH MAR 19 SOMERVILLE
Mailing Address: NIPPON EXPRESS 30 INNER BELT RD SOMERVILLE, MA 02143	OFFICE MA
Business Type: CORPORATION (INC. LLC) PRESIDENT - KENJI FUJII TREASURER - NAOYA HAYASHIDA SECRETARY - TSUTOMU NAGATANI	
FID: 131971441	
Food Manager/Emergency Contact: JUN YAMAZAKI 617	7-591-8800

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

Hours: M-F 7:30A-10P SA 7:30A-3P

NOT OPEN TO THE PUBLIC

4 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 1/24/2008. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

	under the penalties of perjury that t			
 All information 	shown above is true and accurate.			
-Any changes a	above are subject to the approval of	the BOARD OF ALDERMEN	J.	
-I have filed all	State tax returns and paid all State	taxes required by law for this	business.	
Signature:	all	Date	3/19/14	
Print Name:	JUN YAMAZAKI	Phone	617-59108800	



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	plicant's business:	NIPPON EXPRESS USA INC 30 INNER BELT ROAD	
Address of taxpayer/applic	cant's business in Some	erville: SOMERVILLE, MASS. 0	2143
Address of taxpayer/applic	cant's home in Somervi	ille:	
Taxpayer/applicant's phor	e: day: <u>617-591-880</u>	0 evening: 617-591-88	00
hereby certify that all the due the City have been pa and fees and is current on	information contained it is that the Taxpayer said agreement.	herein is true and correct and all r has entered into an agreement to	pay all taxes
		TIES OF PERJURY, this	
MARCH	, 20_14	(Taxpayer's signature)	
	CITY'S ACKNO	WLEDGEMENT	
DATE OF ISSUANCE:	INCLU	DES RELEVANT POSTINGS THROUGH:	
TAXES AND ACCOUN	T NUMBER(S) INCL	UDED IN CERTIFICATE:	
Real Estate	☐,Water/Sewer	Personal Property [Other:
# 8050	# 551001027	# 67D	#
NOTES:			
CLERK'S INITIALS: _		ORIGINAL STAMP:	3/19/14/2

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:	NIPPON	EXPRESS US	A_IN	IC				
Address: 30 INNER BELT ROAD	-							
City: SOMERVILLE	State:	MASS.	Zip:	02143	Phone #:	617	591	8800
 X I am an employer with 29 employees (full and/or part time). ☐ I am a sole proprietor or partnership and employees. ☐ We are a corporation that has exercised exemption per c152 s1(4), and have no employees. ☐ We are a nonprofit organization staffed by volunteers and have no employees. 	have no our right of mployees. oy			Office and/c Nonprofit Entertainme Manufacturi Health Care	ing	tablish estate,	ment auto,	etc.)
Workers' compensation insurance inform	ation (if a	pplicable): ES CENTRAL,	INC					
Insurance Company Name:								
Address: 200 E. RANDOLPH ST	REET							
City: CHICAGO	State:	IL	Zip:	60601	Phone #:	312-		3583
Policy #: 3RIFK-UBB635J448-5-1	4				Expiration I	Date:	1/1	/2015
Applicant certification:								
Failure to secure coverage as required under to \$1,500.00 and/or one years' imprisonme \$100.00 a day against me. I understand that a for coverage verification.	nt as well a copy of th	as civil penalties iis statement may	be fo	rwarded to t	he Office of I	nvestig	gation	s of the DIA
I do hereby certify under the pains and pena	ities of per	Jury that the life	Hillau	ion providec	D-1 3	1,0	17	
Signature:					_Date:	,		
Print Name: JUN YAMAZAKI								
Official use only. Do City or Town: Permit	not write in	this area. To be c	omple	eted by city or		Board	ng De	partment
Contact Person:	_ Phone #:					Licens Selecti Other	ing B men's	oard Office

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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							CONTACT NAME:					
AON RISK SERVICES CENTRAL, INC.						1	PHONE A/C, No, Ext): (312) 381-3583 FAX A/C, No): (312) 381-7793					
200 E. RANDOLPH STREET							E-MAIL ADDRESS:					
CHICAGO, IL 60601 USA						INSURER(S) AFFORDING COVERAGE					NAIC#	
CHICAGO, IL 0000 1 03A							INISHE	RER A: Travele	a 2	25674		
												25658
INSU	KED		RESS USA, INC.					INSURER B: Travelers Indemnity Company				
				1				RER C:			-	
l		24-01 44th Ro					INSUR	RER D:			-	
		Long Island Ci	ity, NY 11101				INSUR	RER E:			-	
							INSUF	RER F:				
CO	VER	AGES	CERTI	FICAT	E NU	JMBER:				REVISION NUMBER:		
IN C	IDIC/	ATED. NOTWITHSTAN	NDING ANY REQU JED OR MAY PER	JIREME TAIN,	ENT, 1 THE II	CE LISTED BELOW HAVE BE TERM OR CONDITION OF AN INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CO	ONTRACT OR O POLICIES DESC	THER DOCUM CRIBED HEREI	IENT WITH RESPECT TO WE	HOH	THIS
INSR LTR				ADDL	SUBR WVD	POLICY NUMBER	LLIVIC	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
LTR		TYPE OF INSURAN	CE	INSR	WVD	POLICY NUMBER		(WW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	GEI	NERAL LIABILITY	A LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	V	COMMERCIAL GENERA	7									5,000
		CLAIMS-MADE V	OCCUR							MED EXP (Any one person)	\$	1,000,000
В						31NK-630-635J5076-IND-	-14	01/01/2014	01/01/2015	PERSONAL & ADV INJURY	\$	
										GENERAL AGGREGATE	\$	2,000,000
	GEN	L'L AGGREGATE LIMIT A	PPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	1	POLICY PROJ-	LOC								\$	
	ΔΠ	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	7	ANY AUTO								BODILY INJURY (Per person)	\$	
	V	ALL OWNED	SCHEDULED								\$	
	\Box	AUTOS AUTOS				3IWJ-CAP-635J4516-TIL-1	14	01/01/2014	01/01/2015	PROPERTY DAMAGE		
			AUTOS			31VVJ-CAP-63534516-11L-	14	01/01/2014	01/01/2015	(Per accident)	\$	
											\$	5 000 000
	V	UMBRELLA LIAB	OCCUR	1 7						EACH OCCURRENCE	\$	5,000,000
	Ť	EXCESS LIAB CLAIMS-MADE				3IFJ-CUP-635J5088-TIL-1	,,	01/01/2014	01/01/2015	AGGREGATE	\$	5,000,000
Α		DED V RETENTION	N \$ 10,000	1		31F3-CUP-63535060-11L-1	14	01/01/2014	01/01/2010		\$	
_	wo							01/01/2015	V WC STATU- TORY LIMITS ER			
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			N/A					E.L. EACH ACCIDENT	\$	1,000,000
Α	OF					3IWJ-UB-635J447-3-14 (A	AOS)		01/01/2014	E.L. DISEASE - EA EMPLOYEE	s	1,000,000
	(Ma										s	1,000,000
	DÉS	yes, describe under ESCRIPTION OF OPERATIONS below			\vdash		-			E.E. BIOL/IGE TOLIG! EIIII	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
В	B Workers Compensation and Employers' Liability (AZ, MA, OR, WI) n/a 3RIFK-UB-635J448-5-14					3RIFK-UB-635J448-5-14		01/01/2014	01/01/2015	WC: Statutory Limits E.L. Each Accident / E.L. Disease - Each Employee / E.L. Disease - Policy limit: \$1N		
DES	CRIP	TION OF OPERATIONS /	LOCATIONS / VEHIC	CLES (Attach	ACORD 101, Additional Remark	ks Sche	edule, if more spa	ce is required)			
						dditional Insured under the				y written agreement:		
		g poroono(o) : 0.9am										
							CAN	CELL ATION				
CERTIFICATE HOLDER 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 Aon Risk Services Central, Inc.							
1												