

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Drain Layer License

License #:

BL15-001175

File #:

15-013621

Fee:

275

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:	
INFORMATION ON FILE.	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: J. Masterson Construction	
Business Location: 46 PRINCE St. Danvers, MA 01923	
Business Phone: 979 -774 - 8782	
License Holder: Jeff Masterson	
Mailing Address: J. Masterson Construction Corp.	
46 Prince Street	
Danvers MA 01923	
Business Type: Corporation	
John Masterson	1 8
John Masterson	
Sharon Masterson	
FID: 042727060	
Emergency Contact: Jeff Masterson Phone: 978-774-8782	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information) As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at http://www.somervillema.gov/departments/dpw/engineering. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

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.

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

CHEY CLERK'S OFFIDPW - ENGINEERING DEPARTMENT SOMERVILLE, MA 1 FRANEY ROAD ~ 1ST FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW - Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: JEFF Masterson	Date: 9/14//6
Signature:	Title: President
Company: J. MASterson Construction	N. Corp.

Surety - License & Permit

The Hartford Fire Insurance Company, (hereinafter called the Company),

hereby continues in force its Bond No. 08BSBGQ3873

in the sum of Ten Thousand (\$10,000.00) Dollars

on behalf of J. Masterson Construction Corporation 46 Prince Street, Danvers, MA 01923

in favor of City of Somerville

for the (extended) term beginning on September 8, 2016 and ending on September 8, 2017. subject to all the covenants and conditions of said Bond, said Bond and this and all continuations thereof being one continuous contract.

This Continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not de cumulative and shall in no event exceed the sum of

Ten Thousand (\$10,000.00) Dollars.

Shelpy Wiggins

IN WITNESS THEREOF, the Company has caused this instrument to de signed by its officers proper for the purpose and its corporate seal to be hereto affixed on June 12, 2016.

Hartford Fire Insurance Company

By: _

alle I. LaPierre

PANURATI

Attest:

The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, Mass. 02114 www.mass.gov/dia

Workers' Compensation Insurance Affidavit - General Business

Applicant information:		
Name: J. MO	sterson Constru	Ction
Address: 40	rince Street	
city: Donle	S State: MA	Zip: 01928 Phone #: 978-774-8783
employees. We are a corporation	or partnership and have no that has exercised our right of 1(4), and have no employees. ganization staffed by	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other Steet Tubility Construction
Workers' compensation	insurance information (if applicable):	
Insurance Company Nam Address:	e: Arbella Mutu Box 55392	al Insurana Co.
City: BOSTOY Policy #: 8500	State: MA	Zip: 0505Phone #: 1-806-272-35. Expiration Date: 7/1/17.
Applicant certification:		
to \$1,500.00 and/or one	years' imprisonment as well as civil penalties. I understand that a copy of this statement may	an lead to the imposition of criminal penalties of a fine up s in the form of a STOP WORK ORDER and a fine of y be forwarded to the Office of Investigations of the DIA
I do hereby certify under	the pains and penalties of perjury that the info	ormation provided above is true and correct.
Signature:		Date: 9-13-10
Print Name:	1Still Cepainiest	
0	Official use only. Do not write in this area. To be	completed by city or town official.
City or Town:	Phone #:	☐ Building Department☐ City/Town Clerk☐ Licensing Board☐ Selectmen's Office
Comuci i erson.	r none #:	

(revised Jan. 2008)

Client#: 1284636 **MASTECON10**

ACORD.

USI Insurance Solutions, LLC

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/05/2016

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).

CONTACT Kathy Wagner

USI Insurance Solutions, LLC			PHONE (A/C, No, Ext): 855 87	74-0123	FAX (A/C.	No): 610 5	37 9481
123 Interstate Drive			E-MAIL ADDRESS: Kathy.V	Vagner@us	i.biz		
West Springfield, MA 01089-3600			ADDITEOU.		FORDING COVERAGE		NAIC#
855 874-0123			INSURER A : ABC M		rs Comp Self-Insu		99999
INSURED	•	4.	INSURER B:				
J. Masterson Construction	1 Corpo	ration	INSURER C :				
46 Prince Street			INSURER D :				
Danvers, MA 01923			INSURER E :				
			INSURER F :				
COVERAGES CER	TIFICATI	E NUMBER:			REVISION NUMBER:		***************************************
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION O THE INSURANCE AFFORDE	F ANY CONTRACT O D BY THE POLICIES	R OTHER DO DESCRIBED	CUMENT WITH RESPE HEREIN IS SUBJECT T	CT TO WH	HICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUB	R POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
COMMERCIAL GENERAL LIABILITY	III.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	s	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)		
33 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					MED EXP (Any one person)	a 1 0000	
					PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AG	GG \$	
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	
ANY AUTO					BODILY INJURY (Per perso		
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accide	ent) \$	
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
AUTOS					(Fer accident)	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	
DED RETENTION\$					710011201112	s	
△ WORKERS COMPENSATION		ABCMA15000816	01/01/2016	01/01/2017	X PER C	TH- R	
AND EMPLOYERS' LIABILITY V/N		ABOMATOGOOGTO	01/01/2010	0110112011	E.L. EACH ACCIDENT	Maria Maria Maria	0,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLO		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIN	10 Trachar	0,000
BESONII TION OF OFENATIONS BEIOW					2.2. 3102/102 1 02/01 2/1		-,
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Sched	ule, may be attached if mo	ore space is requ	ired)		
Proof of Massachusetts Workers Co	mpensa	tion Coverage					
CERTIFICATE HOLDER			CANCELLATION				
CERTIFICATE HOLDER			J.HOLLLA HOR				
City of Somerville					SCRIBED POLICIES BE		
DPW-Engineering Department		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1 Franey Road 1st Floor			ACCORDANCE W	III IME PO	LICT FROVISIONS.		
Somerville, MA 02145							