

#### CITY OF SOMERVILLE

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

2015 AUG 26 P 2: 56

## Application to Renew Lodging House License K'S OFFICE SOMERVILLE, MA

TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155 License #:

BL15-000093

File #:

15-108

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. 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: METCALF HALL Business Location: 56 PROFESSORS ROW Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust	
FID: 042103634	
Emergency Contact: DANA ANDRUS Phone:	Daviela Sousa 617-627-3992 Metcalf Hall
Name of lodging house: Not yet provided. Location of lodging house: 56 PROFESSORS ROW # of Residents: 84	Metcalf Hall

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.			
Printed Name: Daniela Sousa	Date:	8/21/15 6/7-627-5348	

Business (DBA) Name: Metcale Hall	56-64 Professors Row
Number of residents at this lodging house:	84
ACKNOWLEDGEMENT	
understand that any information that is found forfeiture of this license. This license will b limitations set forth in the Somerville Code o laws, and any conditions prescribed by the Cit	on this application is true and accurate, and I do to be false or misleading may result in the ele subject to all of the terms, conditions, and fordinances, any applicable State and Federally of Somerville. I certify under the penalties of lave filed all State tax returns and paid all State  Date: 8/26/2015  Phone: 6/7-627-3992
Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by
ApprovedDenied Date Police Chief or Designee	Approved Denied Date 8/25/15  Lt R. Mac Jaugh Lam  Chief Fire Engineer or Designee
Highways, Lights & Lines Sup't or Designee	XApproved Denied Date 8/25/15  Building Inspector or Designee
Approved Denied Date 8 - 25 / 5 Health Inspector or Designee	

## LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Metcalf Hall-Address (with Zip Code): 56-64 Professor  Name of Contact: Daniela Sousa	
Number of residents at this lodging house: \$\frac{9}{2}\$	4
Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by
Approved _Denied Date_8/36/15	ApprovedDenied Date
Police Chief or Designee  Deputy Chief	Chief Fire Engineer or Designee
ApprovedDenied Date	ApprovedDenied Date
Highways, Lights & Lines Sup't or Designee	Building Inspector or Designee
ApprovedDenied Date	
Health Inspector or Designee	



## City of Somerville, Massachusetts Finance Department, Treasury Division

### CERTIFICATE OF GOOD STANDING

CI	ERIIFICATE OF	GOOD STANDING	
Exact name of taxpayer/ap	oplicant's business:	etcalf Hall Tufls	University
		1. 0. 0	D C 1 11 11/1
Address of taxpayer/applic	cant's home in Somerv	ille: Facilities Services	520 Boston Ave, Medica
Taxpayer/applicant's phor	ne: day: <u>617-627</u> -	-3992 evening: 617-1	627-3030 0215
hereby certify that all the	information contained aid or that the Taxpaye	herein is true and correct are has entered into an agree	and all taxes and fees
SIGNED UNDER THE I	PAINS AND PENAL., 20 <u>5</u> .	TIES OF PERJURY, this	day of day of nature)
	CITY'S ACKNO	WLEDGEMENT	
DATE OF ISSUANCE:	INCLU	DES RELEVANT POSTINGS THRO	UGH:
TAXES AND ACCOUN	T NUMBER(S) INCL	LUDED IN CERTIFICAT	E:
☐ Real Estate	□ Water/Sewer	☐ Personal Property	☐ Other:
# 09000161	#	#	#
NOTES: CLERK'S INITIALS: _	U8	ORIGINAL STAMP:	Burns
			0. 11/10



# The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.

TO BE FILED WITH THE PERMITTING AUTHORITY.

TO BE FILED WITH THE PE	
Applicant Information	Please Print Legibly
Business/Organization Name: Trustees of Tufts College	and 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 a employer with 4,500 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.]  *Any applicant that checks box #1 must also fill out the section below showing their staffed by composite officers have exempted themselves, but the corporation has other organization should check box #1.	
I am an employer that is providing workers' compensation insura Insurance Company Name: Self-Insured with Excess insurance Insurer's Address: 59 Maiden Lane, Suite 2700	nce for my employees. Below is the policy information. through New York Marine & General Ins. Co.
City/State/Zip: New York, NY 10038-4647	
Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPl Attach a copy of the workers' compensation policy declaration Failure to secure coverage as required under Section 25A of MGL fine up to \$1,500.00 and/or one-year imprisonment, as well as civil of up to \$250.00 a day against the violator. Be advised that a copy Investigations of the DIA for insurance coverage verification.	page (showing the policy number and expiration date).  c. 152 can lead to the imposition of criminal penalties of a penalties in the form of a STOP WORK ORDER and a fine
I do hereby certify, under the pains and penalties of perjury that to Signature:	he information provided above is true and correct.  Date: $8/24/2045$
Phone #: 617-627-3981	
Official use only. Do not write in this area, to be completed by City or Town:  Perm Issuing Authority (circle one):  1. Board of Health 2. Building Department 3. City/Town Cle 6. Other	nit/License #erk 4. Licensing Board 5. Selectmen's Office
Contact Person:	Phone #:

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A	C		RD	,
	-	_		

#### CERTIFICATE OF LIABILITY INSURANCE

7/1/2015

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 Leslie Emack
NAME:
PHONE
(A/C. No. Ext): (617) 330-5700
E-MAIL
ADDRESS: lemack@risk-strategies.com Risk Strategies Company FAX (AJC, No): (617) 439-3752 160 Federal Street INSURER(S) AFFORDING COVERAGE MA 02110 INSURERA New York Marine & General Ins Co Boston INSURER B: Trustees Of Tufts College INSURER C: 169 Holland Street-TAB Building INSURER D: INSURER E : 02144 Somerville INSURER F: **CERTIFICATE NUMBER: CL157196473 REVISION NUMBER:** COVERAGES 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. ADDL SUBR TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRO-PRODUCTS - COMP/OP AGG POLICY \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 5 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED BODILY INJURY (Per accident) 3 PROPERTY DAMAGE \$ HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR AGGREGATE **EXCESS LIAB** \$ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT 1,000,000 NIA OFFICER/MEMBER EXCLUDED? 7/1/2015 7/1/2016 WC2015EPP00063 E.L. DISEASE - EA EMPLOYEE & (Mandatory in NH) 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Issued as Evidence of Insurance. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tufts University 169 Holland Street Somerville, MA 02144

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Michael Christian/LEM

AUTHORIZED REPRESENTATIVE