



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE
JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
City Clerk

November 7, 2013

To Whom It May Concern:

Keash Excavating has requested a Drainlayer's License in the City of Somerville. Their services are required for work at 23 Village Street.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long
City Clerk

Approved by President:

William A. White Jr. Jr
President William A. White Jr.

Approved by Committee on Licenses and Permits:

Dennis M. Sullivan Jr
Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Maryann M. Heuston Jr
Alderman Maryann M. Heuston

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 10-22-2013

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: KEASH Excavation Inc Phone: 617-293 5520

Business DBA Name (if applicable):

Address with Zip Code: 129 Grandview Ave, Quincy MA 02170

Tax Identification Number: 04-342 8132 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): SAME

Address with Zip Code:

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Peter Lavin Phone: 617-293 5520

Emergency Contact 2: Seamus McKeirnan Phone: 857-231 1171

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: UNA PETER LAVIN

Address with Zip Code:

Partner's/Member's/Secretary's Name: UNA LAVIN

Address with Zip Code:

Partner's/Member's/Treasurer's Name: UNA LAVIN

Address with Zip Code:

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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 license. This license 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.

Signature of Applicant: Una Lavin Date: 10-22-2013
Print Name: UNA LAVIN Phone: 617-368-0482

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature [Signature] Date 11.5.13



The Ohio Casualty Insurance Company
62 Maple Avenue, Keene, New Hampshire 03431

BOND

Bond # 601068671

KNOW ALL MEN BY THESE PRESENTS: That we
KEASH EXCAVATING, INC.

<u>129 Grandview Avenue</u>	<u>Quincy</u>	<u>MA</u>	<u>02170</u>
Street Address	City	State	ZIP Code

(Full Name [top line] and Address [bottom line] of Principal)

(hereinafter called the Principal) as Principal, and, The Ohio Casualty Insurance Company with principal offices at Keene, New Hampshire (hereinafter called the Surety) as Surety, are held and firmly bound unto
CITY OF SOMERVILLE

<u>93 Highland Avenue</u>	<u>Somerville</u>	<u>MA</u>	<u>02143</u>
Street Address	City	State	ZIP Code

(Full Name [top line] and Address [bottom line] of Obligee)

(hereinafter called the Obligee), in the penal sum of

TEN THOUSAND 00/100 *** (Dollars) \$ 10,000.00

for the payment of which well and truly to made, we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has made or is about to make application to the Obligee for a Permit for DRAINLAYERS.

for a term beginning on November 7, 2013 and ending on* *****
(*strike out if license or permit is for an indefinite term)

NOW, THEREFORE, if the Principal shall indemnify the Obligee against any loss directly arising by reason of failure of said Principal to comply with the laws or ordinances under which said license or permit is granted, or any lawful rules or regulations pertaining thereto, then this obligation shall be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS CONDITIONS:

1. This bond shall be and remain in full force during the term of said license or permit unless canceled in accordance with paragraph 2 below; but if said license or permit was issued for a specific term, and is renewed for one or more specific terms, this bond will be extended to cover such additional term(s) upon the execution by the Surety of a Continuation Certificate, provided such certificate is acceptable to the Obligee. In no event, however, shall the liability of the Surety be cumulative from year to year or from period to period, nor exceed the penal sum written in this first paragraph of this bond.
2. The Surety shall have the right to terminate its liability by notifying the Obligee in writing ten (10) days in advance of its intention to do so.

SIGNED, SEALED AND DATED November 7, 2013

KEASH EXCAVATING, INC.

By: [Signature]
The Ohio Casualty Insurance Company

By: [Signature]
Terrence P. Smith, Attorney-in-Fact

Principal: KEASH EXCAVATING, INC.

POWER OF ATTORNEY
THE OHIO CASUALTY INSURANCE COMPANY

Agency Name: TWINBROOK INS
BROKERAGE INC.

Obligee: CITY OF SOMERVILLE

Bond Number: 601068671

Know All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, a New Hampshire Corporation, pursuant to the authority granted by Article IV, Section 12 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company, do hereby nominate, constitute and appoint: Joseph Rizzo, Elizabeth Saville, Dianne MacDonald, Terrence P. Smith, Scott Handorff of BRAINTREE, Massachusetts its true and lawful agent(s) and attorney(ies)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed **any and all** BONDS, UNDERTAKINGS, and RECOGNIZANCES, excluding, however, any bond(s) or undertaking (s) guaranteeing the payment of notes and interest thereon.

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of said Company at their administrative offices in Keene, NH, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(ies)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of said Company this 1st day of December, 2012.



STATE OF WASHINGTON
COUNTY OF KING

Gregory W. Davenport Assistant Secretary

On this 1st day of December, 2012 before the subscriber, a Notary Public of the State of Washington, in and for the County of King, duly commissioned and qualified, came Gregory W. Davenport, Assistant Secretary of The Ohio Casualty Insurance Company, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says that he is the officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Seattle, State of Washington, the day and year first above written.



Notary Public in and for County of King, State of Washington
My Commission expires December 9, 2013

This power of attorney is granted under and by authority of Article IV, Section 12 of the By-Laws of The Ohio Casualty Insurance Company, extracts from which read:

ARTICLE IV - Officers: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bond, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary.

Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of The Ohio Casualty Insurance Company effective on the 15th day of February, 2011:

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, shall be valid and binding upon the company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Company and the above resolution of their Board of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Company this 7th day of November 2013



David M. Carey Assistant Secretary

CERTIFICATE OF CORPORATE AUTHORITY

I, UNA Lavin, Clerk of

KEASH Excavating INC hereby certify that,

at a meeting of the Board of Directors of said Corporation duly held on the _____ day of _____, _____, at which a quorum was present and voting throughout, the following vote was duly passed and is now in full force and effect:

VOTED: That UNA LAVIN be and hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and other obligations of the Corporation, the execution of any such contract, bond or obligation by such UNA LAVIN to be valid

and binding upon this Corporation for all purposes. This vote remains in full force and effect, and has not been altered, amended or revoked by a subsequent vote of such directors.

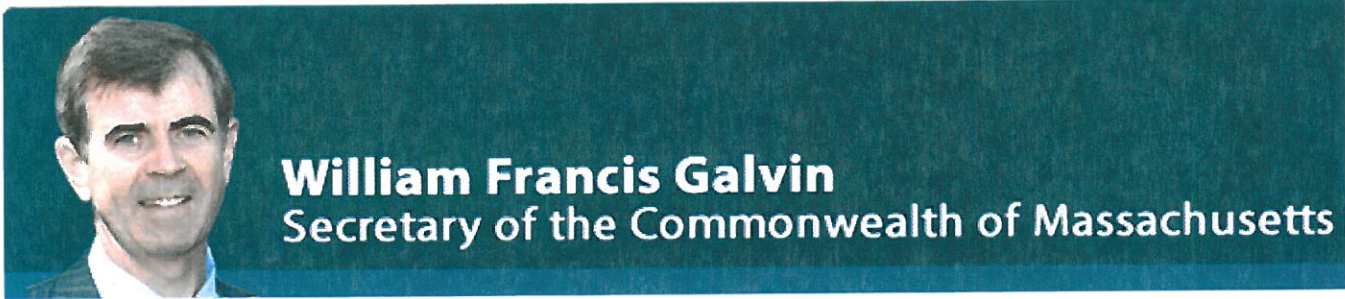
I further certify that UNA LAVIN is the duly elected President of said Corporation.

Signed Una Lavin
Clerk or Secretary
Place of Business Quincy MA
Date 10-22-2013

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation.

Countersigned Peter Lavin
Name & Title of Countersigning Officer Vice President



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Corporations Division

Business Entity Summary

[Request](#)

Summary for: KEASH EXCAVATING, INC.

The exact name of the Domestic Profit Corporation: KEASH EXCAVATING, INC.		
Entity type: Domestic Profit Corporation		
Identification Number: 043428132	Old ID Number: 00062469	
Date of Organization in Massachusetts: 07-24-1998		
Last date certain:		
Current Fiscal Month/Day: 12/31	Previous Fiscal Month/Day:	
The location of the Principal Office:		
Address: 27 LONDON AVE		
City or town, State, Zip code, Country: QUINCY, MA 02171 USA		
The name and address of the Registered Agent:		
Name: UNA T. LAVIN		
Address: 27 LONDON AVE.		
City or town, State, Zip code, Country: QUINCY, MA 02171 USA		
The Officers and Directors of the Corporation:		
Title	Individual Name	Address
PRESIDENT	UNA T. LAVIN	82 GLOVER AVE.,NO. C
TREASURER	UNA T. LAVIN	82 GLOVER AVE.,NO. C
SECRETARY	UNA T. LAVIN	82 GLOVER AVE.,NO. C
DIRECTOR	UNA T. LAVIN	82 GLOVER AVE.,NO. C
Business entity stock is publicly traded: <input type="checkbox"/>		

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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.

KEASH Excavating Inc

*Signature of Individual or Corporate Name (Mandatory)

Uma Law

By: Corporate Officer (Mandatory, if a corporation)

04-3428132

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: KEASH Excavating Inc
 Address: 129 Grandview Ave
 City: Quincy State: MA Zip: 02170 Phone #: 617-293-5520

I am an employer with 5 employees (full and/or part time). **Business Type:** Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Berkley Assigned Risk Services
 Address: P.O. Box 1100
 City: Minneapolis State: MN Zip: 55440 Phone #: 605 945 2144
 Policy #: WC-20-20-004368-00 Expiration Date: 12-07-2013

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: Una Lavin Date: 10-27-2013
 Print Name: UNA LAVIN

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

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

(revised Jan. 2008)