

APPLICATION FOR DRAIN LAYING

2012 OCT 19 A 11:07

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 10/16/12

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Date Recorded

Amount Paid

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Leonel Diaz  
Diaz Construction Co, Inc Phone: 508-427-0540

Applicant's Address (with Zip Code): 190 Bodwell St Avon, MA 02322

Applicant's Email Address: diaz@diaz-construction.com

Applicant's Federal Employer Identification Number: 04-3404823

Business DBA Name (if applicable): \_\_\_\_\_

Business Location (with Zip Code): 190 Bodwell St Avon, MA 02322

Mailing Name (where we should send correspondence to): Leonel Diaz

Mailing Address (with Zip Code): Same as above

Emergency Contact: Leonel Diaz Phone: 508-889-8085

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

Corporation (inc. LLC)  Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: Leonel Diaz Pres Sec Treas.

Address with Zip Code: \_\_\_\_\_

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

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Attach a Drain Layers Bond in the amount of \$10,000.

**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:     *LD*     Date: 10/16/12  
Print Name: Leonel Diaz Phone: 508-889-8085

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:  Approved  Denied  
Signature     *[Signature]*     Date 10.19.12

# DÍAZ

## CONSTRUCTION CO., INC.

October 19, 2012

City Clerk's Office  
City of Somerville  
93 Highland Ave  
Somerville, MA 02413

Dear Sir:

Diaz Construction Co., Inc. was just awarded a project at the College Ave Methodist Church located at 149 Broadway, Somerville. Attached is our drainlayers license application. As the winter moratorium is fast approaching, we respectfully request a rapid approval turnaround for our license so that our contract work may be completed prior to the November 15<sup>th</sup> moratorium date.

Sincerely,



Kathy Corey  
Project Manager  
508-232-7629

# LICENSE OR PERMIT BOND

BOND NO. S-818775

KNOW ALL MEN BY THESE PRESENTS THAT WE,

Diaz Construction Co Inc of

190 Bodwell Street Avon MA 02322 as Principal, and

NGM Insurance Company, a Florida corporation with its principal

office at 55 West Street Keene, NH 03431-7000, as Surety,

are held and firmly bound unto

City of Somerville

in the sum of Ten Thousand and 00/100 Dollars

(\$ 10,000.00), for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal has obtained, or shall obtain, a license or permit from the Obligee for Drainlayer

at City of Somerville for the term commencing on the 16th day of

October, 2012 and ending on the 16th day of October, 2013.

NOW, THEREFORE, if Principal shall faithfully observe and comply with all terms of the underlying license or permit, and all Ordinances, Rules and Regulations, and any Amendments thereto, applicable to the obligation of this bond, then this obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

The Surety may, if it shall so elect, cancel this bond by giving thirty (30) days written notice to the Obligee and the bond shall be deemed canceled at the expiration of said period; the Surety remaining liable, however subject to all the terms, conditions and provisions of this bond, for any act or acts covered which may have been committed by the Principal up to the date of such cancellation.

PROVIDED, HOWEVER, that this bond may be continued from year to year by certificate executed by the Surety hereon. Regardless of the number of years or terms this bond remains in effect, and regardless of the number and amount of claims that may be made, the maximum aggregate liability of the Surety is limited to the penal sum of the bond.

SIGNED, SEALED AND DATED on this 16th day of October, 2012.

Diaz Construction Co Inc

By LLG

NGM Insurance Company

By Patricia M. Tome

Patricia M. Tome

Attorney-in-Fact





CITY OF SOMERVILLE, MASSACHUSETTS  
 Treasury Department  
 JOSEPH A. CURTATONE  
 MAYOR  
 CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

BUSINESS LOCATION: 1 Powderhouse Terr. #1 Somerville AND/OR

TAXPAYER'S HOME ADDRESS: 55 Blometh St. Malden, MA

TAXPAYER/APPLICANT PHONE: DAY: 781-526-1326 EVENING: 781-526-1326

BUSINESS NAME: College Avenue United Methodist Church

BUSINESS ID NUMBER: 04-2154120 BUSINESS PHONE: 617-776-4172

I (print name) Helen Webb (trustee), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 23<sup>rd</sup> day of July,

20 12. Helen Webb (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID	**WATER/SEWER ID	**PERSONAL PROPERTY	**OTHER
<u>1979</u>	<u>101023001</u>	<u>N/A</u>	_____

NOTES:

CLERKS INITIALS: UB

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

RECEIVED  
 UBanos  
 7-25-12



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: Leonel Diaz - Diaz Construction Co., Inc.

Address: 190 Bodwell St

City: Avon State: MA Zip: 02322 Phone #: 508 427 0540

- I am an employer with 70 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 Subcontractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Peerless Insurance

Address: 62 Maple Avenue

City: Keene State: NH Zip: 03431 Phone #: 800-542-5385

Policy #: WC 8332378 Expiration Date: 7/1/2013

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: LD Date: 10/16/12

Print Name: Leonel Diaz

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/19/2012

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 Rogers & Gray Ins. Kingston 434 Route 134 South Dennis MA 02660	CONTACT NAME: Stacey L. Moran, CIC, CISR	
	PHONE (A/C, No, Ext): 508 747-4323 FAX (A/C, No): 877 816-2156 E-MAIL ADDRESS: smoran@rogersgray.com PRODUCER CUSTOMER ID #:	
INSURED Diaz Construction Co., Inc LSD Rentals, LLC 190 Bodwell Street Avon MA 02322	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Peerless Insurance	18333
	INSURER B: National Union Fire Insurance Co.	
	INSURER C: New Hampshire Insurance Co.	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 1077240319

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BIND505386	10/18/2012	10/18/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BIND505418	10/18/2012	10/18/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$			BIND507063	10/18/2012	10/18/2013	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WC8332378	7/1/2012	7/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

When required by signed contract, additional insured status is provided on the General, Automobile & Umbrella liability on a primary non-contributory basis. Waiver of Subrogation applies to all policies when required by contract.  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

City of Somerville 93 Highland Avenue Somerville MA 02413	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  <i>Charles N. Robinson</i>

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Rogers & Gray Ins. Kingston		NAMED INSURED Diaz Construction Co., Inc LSD Rentals, LLC 190 Bodwell Street Avon MA 02322	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate holder is listed as additional insured