# APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee_\$275.00	FOR CITY CLERK'S OFFICE ONLY
Date August 23, 2016	Date Recorded 16/7/16  Amount Paid # 2 75.00
Date	Amount 1 and 2,75,000
✓ New Application	
Renewing Application with Additions or Chang	ges
Renewing Application with NO Additions or C	hanges
Business (DBA) Name: Jones Contract	
Applicant's Federal Employer Identification Numb	ber: 34-2019549
Applicant's Legal Name: Jones Cont	cacting Inc.
Applicant's Address (with Zip Code): 135 We	eshington St, Walpole, MA 020B1
Mailing Name (where we should send correspondence to)	: Jones Contracting Inc.
Mailing Address (with Zip Code): 135 Walling	$\sim$
Emergency Contact: Russen Jones	
Type of Business (Check Only One and Provide	
Sole Proprietor: Name of Owner:	
Partnership (inc. LLP): Name of Partnershi	p:
Names of All Partners Who Own More Than	10%:
Trust: Name of Trust:	
Names of All Trustees Who Own More Than	10%:
✓ Corporation: Name of Corporation: Jon	nes Contracting The.
Name of President: PUSSEIL E. JON	
Name of Secretary: Jeanste C. Jans	Name of Treasurer: RUSEN E. Junes
LLC: Name of LLC:	1
Names of All Managers Who Own More Tha	
Traines of the trainagets who own more than	
Other (Attach a Description of the Form of C	Dymarchin and the Names of Owners)
Other (Attach a Description of the Form of C	wholship and the Ivallies of Owners)

Business (DBA) Name:	Jones	Contracting Inc.			
Attach a Drain Layers Bond					
ACKNOWLEDGEMENT					
I hereby state that all info understand that any inform forfeiture of this license. I limitations set forth in the laws, and any conditions pr perjury that I, to my best known taxes required under law.	nation that This license Somerville escribed by	is found to be false or a e will be subject to all of Code of Ordinances, any the City of Somerville. I d belief, have filed all State	misleadin of the ter applicab certify u e tax retu	g may result rms, conditionale State and onder the penarms and paid a	in the ns, and Federal alties of all State
Signature of Applicant:	Lysly	Kulk	Date:	8/23/16	
Print Name: Russen	4. Jon	is	Phone:_	8/23/16 508-404-	0193
FOR ALL APPLICANTS ENGINEERING DEPART			E:		
Fax letters of recommendation 617 625-4454. After you've for the following sign-off.	faxed the re	eferences, contact them at 6	625-6	600 x5400 to	arrange
The Engineering Departmen	t recommer	nds that the application be:		proved	_Denied

# CITY OF SOMERVILLE

### SOMERVILLE • MASSACHUSETTS 02145 DPW - Engineering Department

1 FRANEY ROAD ~ 1<sup>ST</sup> 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.

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 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. 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:	RUSSEN ES. JOHS	Date: 6/23/16	
Signature:	2 Css Cy all	Title: Project Maryer	
-		9	
Company:_	Jones Contracting Inc.		

# Drain-Layer's Bond Bond # MA 2341

Know all Men by these Presents,	
	735 Washington Street
That we, (name and address)  Jones Contracting, Inc.	, Walpole, MA 02081 phone:
in the Commonwealth of Massachusetts, as Principal, and (name) as Surety, are held and firmly bound unto the City of Somerville, a the sum of Ten Thousand Dollars, to be paid to the said City, its su truly made, we bind ourselves and each of us, our heirs, executors severally, firmly by these presents.	accessors or assigns, for which payment to be well and
Whereas the said Principal has this day been granted a license as according to the provisions of a certain ordinance of said City relating by him as such drain-layer, according to the following provisions provided in the preceding section shall, before performing any work the sum of Ten Thousand Dollars, with one or more sureties, satisfar make the openings into all common sewers opened by him; that he him with the common sewers or with other drains in a thorough and obstruction of any description in the sewer which he may open, or in close up the excavation, and remove all superfluous material, all to the sto do, or if at any time within one year from the date of the complete otherwise become unsafe for public travel, then the street commission the said drain-layer, and within five days thereafter deliver a bill or drain-layer shall immediately pay the same, and he shall not be entite other bills of expense incurred by the City on account of his negligicause a sufficient fence to be placed so as to enclose the excavation put into the street, and that he will maintain such fence during the whobstruct the street, and that he will maintain such fence during the whobstruct the street, and will cause a sufficient number of lighted la excavation, earth, material, and fence, from the beginning of twiling time such obstruction in the street may exist; and, further that he will in force in relation to sewers, drains and streets, and with such or adopted, or may from time to time adopt, for the government of per open or dig in the street for that purpose; and that he will indemnify a expenses which it may incur or sustain, by reason of any and all injuring expenses which it may incur or sustain, by reason of any and all injuring expenses which it may incur or sustain, by reason of any and all injuring expenses which it may incur or sustain, by reason of any and all injuring expenses which it may incur or sustain, by reason of any and all injuring expenses which it may incur or sustain in any oth of any sewer or drain by	g to sewers, and whereas a bond is required to be given of said ordinance, to wit: Every person licensed as authorized thereby, execute an agreement or bond, in actory to the Board of Aldermen, that he will properly will construct or repair the drains to be connected by workmanlike manner; that he will leave no material or any drain leading into any sewer; that he will properly p, and regrade and repave the street, and put it in good satisfaction of the street commissioner; and if he fail so ion of any drain the surface of the street shall settle or ner shall repave and regrade the street at the expense of if the same to the city auditor for collection, and said the to receive another permit until the said bill and all hence or default shall be paid in full; also, that he will and the earth, stone and other material which may be shole time such excavation, earth or other material may anterns to be maintained in suitable places over such ght every evening and through every night during the comply with the ordinances which may be at any time ders and regulations as the Board of Aldermen have resons licensed to construct or repair private drains, or and save harmless the City from all damages, costs and ries resulting to anyone in person or property, from the making or repairing any sewer or drain, in performing ight, any excavation or obstruction caused or made by her manner by reason of the excavation or construction or acts performed or done by him or them connected
Now, therefore, the condition of this obligation is such that if the said the provisions and terms of said ordinance above set forth and on h void; otherwise it shall remain in full force and virtue.	
In witness whereof we hereunto set our hands and seals this 23rd da	ay of, 20 <u>16</u> in the presence of:
For the Principal (Affix Seal and Attach Certificate of Corporate Auth Jones Contracting, Inc.	hority):
Signature W	Witness Start Harman Control of the
For the Surety (Affix Seal and Attach Power of Attorney): Merchants Bonding Company (Mutual)	
Signature Oscar B Johnson , Attorney-in-Fact	Witness Mary Frankland



Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually.

#### Oscar B Johnson

their true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver on behalf of the Companies, as Surety, bonds, undertakings and other written obligations in the nature thereof, subject to the limitation that any such instrument shall not exceed the amount of:

#### \$10,000,000.00

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 24, 2011.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 15th day of

igust 2015

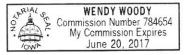
MERCHANTS BONDING COMPANY (MUTUAL)

TIONAL ON ON ON OR PORT OF THE SAME OF THE

MERCHANTS NATIONAL BONDING, INC.

President

On this 15th day of August , 2015, before me appeared Larry Taylor, to me personally known, who being by me sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



Notary Public, Polk County, Iowa

(Expiration of notary's commission does not invalidate this instrument)

I, William Warner, Jr., Secretary of the MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 23rd day of

August

, 2016 .



STATE OF IOWA

COUNTY OF Dallas

SS.

# 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: Jones Contracti-	g Inc.			
Address: 735 Westington	St			
City: WELPOIC S	State: NA	Zip: 02081	Phone #:	50B-66B-7BBB
I am an employer with 12 employees (full and/or part time).  I am a sole proprietor or partnership and hemployees.  We are a corporation that has exercised out exemption per c152 s1(4), and have no employees.  We are a nonprofit organization staffed by volunteers and have no employees.	ave no ir right of iployees.	Restaurant/Ba Office and/or Nonprofit Entertainment Manufacturing Health Care	Sales (rea	Establishment al estate, auto, etc.)
Workers' compensation insurance informa	tion (if applical	ole):		
Insurance Company Name: Arbella	motival 1	rsurance (6	rpany	
Address: CAS lasvance aging,	190 Cha	uncy St.		
City: Mensfrey	State: NA	Zip: 62048	Phone #:	508 - 339 - 2951
Policy#: 422 0055858	7- ij			on Date: 6/1/2017
Applicant certification:				
Failure to secure coverage as required under penalties of a fine up to \$1,500.00 and/or one WORK ORDER and a fine of \$100.00 a forwarded to the Office of Investigations of the	e years' imprisor day against me.	nment as well as c I understand that	ivil penal	ties in the form of a STOP
I do hereby certify under the pains and penalti	ies of perjury tha	t the information p	provided a	above is true and correct.
Signature: Selfu	V/1		Date:	8/13/16
Print Name: Pusseu E. Jones				
Official use only. Do not write	e in this area. To	o be completed by	city or to	wn official.
City or Town:		#:		Board of Health Building Department Clty/Town Clerk Licensing Board Selectmen's Office
Contact Person:	Phone #:		Manager State of the State of t	Other
(revised Jan. 2008)				



# CERTIFICATE OF LIABILITY INSURANCE

8/24/2016

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(les) 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).

C	ertificate holder in lieu of such endor	seme	int(s)	),		~~					
PRO	DUCER				CONTA NAME:	CY Robert	Monahan				
C & S Insurance Agency, Inc.					PHONE (A/C. No	, Ext): (508)	339-2951		FAX (A/C, No);	(508) 3	39-4811
190	Chauncy Street/P.O Box 40	06			PHONE (A/C, NO E-MAIL ADDRE	SS:			17 VI HVII		
							URER(S) AFFOR	RDING COVERAGE			NAIC #
Mar	nsfield MA 020	048			INSURE			Insurance (	Company	,	DAIL B
INSU	REO				INSURE			2.100241100	- Capan		
Joi	nes Contracting, Inc.				INSURE				-		
	Washington Street				INSURE						
	, madianing control of the control										<del>                                     </del>
Wa 1	lpole MA 020	181			INSURE						<del> </del>
_		-	CATE	NUMBER:Master 16	-17	RF:		REVISION NUM	DED.	Constitution of the last of th	I
-	HIS IS TO CERTIFY THAT THE POLICIES	AND DESCRIPTION	THE RESERVE	The state of the s		N ISSUED TO	The residence of the local division in which the local division is not the local division in the local divisio		and the second liverage of the last	E POI	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
C	ERTIFICATE MAY BE ISSUED OR MAY	PERT	'AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUI			
	KCLUSIONS AND CONDITIONS OF SUCH				BEEN			·		-	
NSR LTR		INSD	SUBR	POLICY NUMBER	-	(MM/IDD/YYYY)	POLICY EXP		LIMIT	8	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
A	CLAIMS-MADE X OCCUR							PREMISES (Ea occu	menco)	\$	50,000
				8500065857		6/1/2016	6/1/2017	MED EXP (Any one)	person)	\$	10,000
								PERSONAL & ADV	NJURY	\$	1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000
	X POLICY PRO. LOC							PRODUCTS - COMP	OP AGG	\$	2,000,000
	OTHER:							Employee Benefits		\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea scoldent)	LIMIT	\$	1,000,000
	X ANY AUTO							BODILY INJURY (Po		\$	
A	ALL OWNED SCHEDULED AUTOS			1020055801		6/1/2016	6/1/2017	BODILY INJURY (Pe	r accident)	\$	
	NON-OWNED							PROPERTY DAMAG (Per accident)	E	\$	
	HIRED AUTOS AUTOS							PIP-Basic		\$	8,000
-	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E		2,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$	2,000,000
A	T OCKNING-IIIAGE			8500065857		6/1/2016	6/1/2017	AGGREGATE		•	
	WORKERS COMPENSATION	-	-	030000307		0/2/2020	0/1/201/	PER	OTH-	•	
	AND EMPLOYERS' LIABILITY YIN	N/A						Tourism and the second property and the			
	NY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?			4220055959		6/1/2016	6/1/2017	E.L. EACH ACCIDEN		\$	1,000,000
A	(Mandatory In NH) If yes, describe under	7 ]		4220055858		0/1/2016	0/1/201/	E.L. DISEASE - EA E		\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POL	ICY LIMIT	<u> </u>	1,000,000
	-										
										-	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACOR	0 101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requi	red)			ĺ
RE:	2016 Drainlayer's License										
CF	RTIFICATE HOLDER				CANC	ELLATION					
961	111119711611960611				2.3.170						
								ESCRIBED POLIC			
	City of Somerville							REOF, NOTICE Y PROVISIONS.	WILL B	E DE	LIVERED IN
	City Hall				ACC	OUNDAME MI	IN INC POLIC	T PROVISIONS.			- 1
	93 Highland Ave.				AllTUO	RIZED REPRESE	NYATIVE			1	
	Somerville, MA 02143				AUTHO	MEED REPRESE	GINIAG				

Robert D. Man

Robert Monahan/BOB