

CITY OF SOMERVILLE

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

2015 AUG 26 P 3: 04

Application to Renew Lodging House License

CITY CLERK'S OFFICE SOMERVILLE, MA

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

BL15-000980

File #:

15-777

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.

Office.	
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: LEWIS HALL Business Location: 75 PACKARD AVE Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust	
FID: 042103634	
Emergency Contact: DANA ANDRUS Phone:	Dantela Sousa 617-627-3992 Lewis Hall
Name of lodging house: Not yet provided. Location of lodging house: 75 PACKARD AVE # of Residents: 222	Lewis Hall

I hereby certify under the penalties of perjury that the follow -All information shown above is true and accurateAny changes above are subject to the approval of the BOA -I have filed all State fax returns and paid all State taxes recommended.	RD OF ALI	DERMEN. w for this business.	ņ
Signature: Manuel John	Date:	8/21/15	
Printed Name: Daniela Sousa	Phone:	617-627-	5348

Business (DBA) Name:	Lewis HALL.	13 00 IACINIECTIVE
Number of residents at this		219
ACKNOWLEDGEMEN		
I hereby state that all in understand that any info forfeiture of this license. limitations set forth in th laws, and any conditions perjury that I, to my best taxes required under law. Signature of Applicant:	formation provided rmation that is foun This license will be e Somerville Code of prescribed by the Ci	on this application is true and accurate, and to be false or misleading may result in be subject to all of the terms, conditions, a of Ordinances, any applicable State and Federaty of Somerville. I certify under the penalties have filed all State tax returns and paid all State. Date: 8262015
	ow before submitting	
Obtain the signatures belothe Board of Aldermen.		this form to the City Clerk for consideration
Obtain the signatures below the Board of Aldermen. ApprovedDenied	Date	Approved Denied Date 8/25/13
Obtain the signatures belothe Board of Aldermen.	Date S/25/15	ApprovedDenied Date 8/25/13

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Lewis Hall- Address (with Zip Code): 75-85 Packard Name of Contact: Daniela Sousa	1		
Number of residents at this lodging house: 219			
Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.			
Approved _Denied Date_8/26/15	ApprovedDenied Date		
Police Chief or Designee	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

Exact name of taxpayer/ap	plicant's business:	ewis Hall-Tufts (Iniversity	
Address of taxpayer/applicant's business in Somerville: 75-85 Packard Ave. Somerville, M.				
Address of taxpayer/applic	ant's home in Somervill	le: Facilities Services - 520 E	Soston Ave. Medford, MA	
Taxpayer/applicant's phon	e: day: <u>617-627-3</u>	992 evening: 617-62	17-3030	
hereby certify that all the i	nformation contained hid or that the Taxpayer	, the undersigne erein is true and correct and has entered into an agreeme	l all taxes and fees	
SIGNED UNDER THE P	AINS AND PENALTI , 20	ES OF PERJURY, this (Taxpayer's signatu	day of day of day of day of day	
	CITY'S ACKNOW	LEDGEMENT		
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUGH	H:	
TAXES AND ACCOUNT	NUMBER(S) INCLU	DED IN CERTIFICATE:		
☐ Real Estate	☐ Water/Sewer	☐ Personal Property	Other:	
# 09200230	#	#	#	
NOTES:				
CLERK'S INITIALS: _	R	ORIGINAL STAMP:		



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 PER	
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 Ph	one #: 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 are organization should check box #1.	Business Type (required): 5. Retail 6. Restaurant/Bar/Eating Establishment 7. Office and/or Sales (incl. real estate, auto, etc.) 8. Non-profit 9. Entertainment 10. Manufacturing 11. Health Care 12. Other workers' compensation policy information. mployees, a workers' compensation policy is required and such an
I am an employer that is providing workers' compensation insurant Insurance Company Name: Self-Insured with Excess insurance to Insurer's Address: 59 Maiden Lane, Suite 2700	ce for my employees. Below is the policy information. hrough New York Marine & General Ins. Co.
City/State/Zip: New York, NY 10038-4647	
Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPP Attach a copy of the workers' compensation policy declaration p Failure to secure coverage as required under Section 25A of MGL c. fine up to \$1,500.00 and/or one-year imprisonment, as well as civil p of up to \$250.00 a day against the violator. Be advised that a copy o Investigations of the DIA for insurance coverage verification.	age (showing the policy number and expiration date). 152 can lead to the imposition of criminal penalties of a senalties in the form of a STOP WORK ORDER and a fine f this statement may be forwarded to the Office of
I do hereby certify, under the pains and penalties of perjury that the Signature:	e 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 Complete Bernard States of Completed by Comp	ity or town official.
Contact Person:	Phone #:

		_	Section 2	-
	_			7.8
A		U	R	D
		_	-	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 PHONE (A/C. No. Ext): (617)330-5700 E-MAIL ADDRESS; lemack@risk-strategies.com FAX (A/C, No): (617) 439-3752 Risk Strategies Company 160 Federal Street INSURER(S) AFFORDING COVERAGE 02110 Boston MA INSURERA: New York Marine & General Ins Co INSURED INSURER B: Trustees Of Tufts College INSURER C: 169 Holland Street-TAB Building INSURER D: INSURER E : MA 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 POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 5 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) 3 AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 NIA WC2015EPP00063 7/1/2015 7/1/2016 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. CERTIFICATE HOLDER CANCELLATION 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 AUTHORIZED REPRESENTATIVE

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MB Chuitin

Michael Christian/LEM