CITY OF SOMERVILLE

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

Application to Renew Lodging House License

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

License #:	BL15-000082
File #:	15-96
Fee:	605

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. 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: 90-92-94 CURTIS ST **Business Location:** 90 CURTIS ST **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 TRUSTEES OF TUFTS COLLEGE	
FID: 042103634	
Emergency Contact: DANIELA SOUSA **Phone:** 617-627-3992	
Name of lodging house: 90-92-94 CURTIS ST **Location of lodging house:** 90 CURTIS ST **# of Residents:** 19	

I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the BOARD OF ALDERMEN.
-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _Daniel Sousa_   Date: 5-10-16

Printed Name: _Daniela Sousa_   Phone: 5-10-16

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: 90-92-94 Curtis St.

Address (with Zip Code): 90 / Curtis St. 02143

Name of Contact: Daniela Fauso   Phone: 617-627-3992

Number of residents at this lodging house: 19

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

✓ Approved __ Denied Date 8-22-16 *Captain Pancotti* Police Chief or Designee	✓ Approved __ Denied Date 8·3·2016 *F.I. Enel S. Joh* Chief Fire Engineer or Designee
✓ Approved __ Denied Date 8/1/16 *John Bower* Highways, Lights & Lines Sup't or Designee	X Approved __ Denied Date 8-2-16 *Al Ben* Building Inspector or Designee
__ Approved __ Denied Date 8/1/16 *Henne* Health Inspector or Designee	

TUFTS   90-92-94 Curtis St

Lodging House License

Date received by Records: 8/19/16

Reviewed by:

Date reviewed:

Number of Incidents over last year: _____   SEE ATTACHED

(see attached)

Recommendation:

    Approve_____   Deny_____

Reason for denial:

Date sent to Chief/Deputy Chief:

CAD Incident Search Results

◀ **Search Again**   Go To Sql Statement

CAD Search Results

Incident#	Date/Time	Location	Incident Type
16019130	04/06/2016 06:45:51	90 CURTIS ST	MV STOP
16006777	02/05/2016 18:25:49	90 CURTIS ST	S FIRE ALARM
15034250	07/17/2015 18:16:23	90 CURTIS ST	MV STOP

SQL Statment Used in Search

select distinct cadinclog.incnum, cadinclog.dtreceived, cadinclog.stnum, cadinclog.stname1, cadinclog.inctype, nbrincidents.incnum pincnum, nf5incidents.incnum fincnum from cadinclog, outer nbrincidents, outer nf5incidents where ((cadinclog.dtreceived between "2015-07-01 00:00:00" and "2016-08-18 23:59:59")) and (cadinclog.stnum like "90%") and (cadinclog.stname1 like "CURTIS%") and nbrincidents.cadincnum = cadinclog.incnum and nf5incidents.cadincnum = cadinclog.incnum order by cadinclog.incnum desc;

◀ **Search Again**   **Number of Incidents Listed 3**

CAD Incident Search Results

CAD/Partner™
Queues Enforth
Development, Inc.

v7.04.0044

Home   Help

◄ **Search Again**   Go To Sql Statement

CAD Search Results

Incident#	Date/Time	Location	Incident Type
16049189	08/10/2016 16:39:07	92 CURTIS ST	MV STOP

SQL Statment Used in Search

select distinct cadinclog.incnum, cadinclog.dtreceived, cadinclog.stnum, cadinclog.stname1, cadinclog.inctype, nbrincidents.incnum pincnum, nf5incidents.incnum fincnum from cadinclog, outer nbrincidents, outer nf5incidents where ((cadinclog.dtreceived between "2015-07-01 00:00:00" and "2016-08-18 23:59:59")) and (cadinclog.stnum like "92%") and (cadinclog.stname1 like "CURTIS%") and nbrincidents.cadincnum = cadinclog.incnum and nf5incidents.cadincnum = cadinclog.incnum order by cadinclog.incnum desc;

◄ **Search Again**   **Number of Incidents Listed 1**

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _Tufts University_

Address of taxpayer/applicant's business in Somerville: _90-92-94 Curtis St._

Address of taxpayer/applicant's home in Somerville: _90 Curtis St._

Taxpayer/applicant's phone: day: _617-627-3992_ evening: _____

I, (print name) _Daniela Sousa_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City 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 ___17___ day of ___May___, 20_16_. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____   **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate   ☐ Water/Sewer   ☐ Personal Property   ☐ Other: ___

_4385_   # _33909300l_ # _____   # _____

NOTES:

CLERK'S INITIALS: _____   **ORIGINAL STAMP:**

(Barros)
_5-13-16_

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.

<u>**Applicant Information**</u>   <u>**Please Print Legibly**</u>

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:	Business Type (required):
1. ☑ I am a employer with 4,500 employees (full and/ or part-time).*	5. ☐ Retail
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]	6. ☐ Restaurant/Bar/Eating Establishment
	7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
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]**	8. ☑ Non-profit
	9. ☐ Entertainment
	10. ☐ Manufacturing
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]	11. ☐ Health Care
	12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Self-Insured with Excess insurance through New York Marine & General Ins. Co.

Insurer's Address: 59 Maiden Lane, Suite 2700

City/State/Zip: New York, NY 10038-4647

Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPP00063   Expiration Date: Both 07/01/2016

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _[signature]_   Date: 5/18/2016

Phone #: 617-627-3981

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
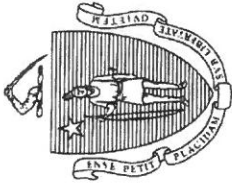6. Other _____

Contact Person: _____ Phone #: _____

ACORD® 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).

PRODUCER	CONTACT NAME: Leslie Emack		
Risk Strategies Company 160 Federal Street	PHONE (A/C, No, Ext): (617) 330-5700		FAX (A/C, No): (617) 439-3752
	E-MAIL ADDRESS: lemack@risk-strategies.com		
Boston MA 02110	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : New York Marine & General Ins Co		
INSURED	INSURER B :		
Trustees Of Tufts College 169 Holland Street-TAB Building	INSURER C :		
	INSURER D :		
	INSURER E :		
Somerville MA 02144	INSURER F :		

COVERAGES   CERTIFICATE NUMBER: CL157196473   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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC2015EPP00063	7/1/2015	7/1/2016	X PER STATUTE ☐ OTHER	
							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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Issued as Evidence of Insurance.

CERTIFICATE HOLDER	CANCELLATION
Tufts University 169 Holland Street Somerville, MA 02144	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 Michael Christian/LEM

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INS025 (201401)

Serial No. 11874

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.

702

This is to Certify that TRUSTEES OF TUFTS COLLEGE & WALNUT HILL PROPERTIES, INC.

of 169 Holland Street, Somerville, MA 02144 , having conformed with the provisions of

sub-paragraph (2, b) of Section 25A of Chapter 152 of the General Laws is hereby licensed

to be a

SELF-INSURER

This license is effective for a period of one year from the FIRST day of

JULY 20 15 , at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

DIRECTOR

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS