



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

CK: 2187
\$250

APPLICATION TO RENEW DRAIN LAYER LICENSE

F.E. FRENCH CONSTRUCTION INC
101-16 CLEMATIS AVE
WALTHAM, MA 02453

License #: 673

Fee: 250.00

Account ID: 556

Reference #: 673

7035

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: For F.E. FRENCH CONSTRUCTION INC Business Location: OUT OF AREA Business Phone: 781-899-3000	
License Holder: F.E. FRENCH CONSTRUCTION INC 101-16 CLEMATIS AVE WALTHAM, MA 02453 781-899-3000	
Mailing Address: F.E. FRENCH CONSTRUCTION INC WALTHAM, MA 02453	
Business Type: CORPORATION (INC. LLC) PRESIDENT - FRANK FRENCH SECRETARY - MIKE FRENCH	
FID: 043508422	
Food Manager/Emergency Contact: FRANK FRENCH 617-908-7699	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 MAR 26 P 2:33

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

Description of Location and/or Other Conditions:

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: Frank French

Date: 3/25/13

Print Name: Frank French

Phone: 781-899-3000

CONTINUATION
CERTIFICATE

The Hanover Insurance Company , Surety upon

a certain Bond No. **BLN1703470**

dated effective **06/25/2010**
(MONTH-DAY-YEAR)

on behalf of **F.E. French Construction Inc.**
(PRINCIPAL)

and in favor of **City of Somerville, Massachusetts**
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **06/25/2012**
(MONTH-DAY-YEAR)

and ending on **06/25/2013**
(MONTH-DAY-YEAR)

Amount of bond **TEN THOUSAND AND NO/100THS(\$10,000.00)**

Description of bond **Drainlayer Permit**

Premium: **\$100.00**

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **05/04/2012**
(MONTH-DAY-YEAR)

The Hanover Insurance Company

By

Claire A. Cavanaugh
ATTORNEY-IN-FACT **Claire A. Cavanaugh**

The Driscoll Agency

Agent

93 Longwater Circle, Norwell, MA 02061

Address of Agent

(781) 681-6656

Telephone Number of Agent

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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: F.E. French Construction Inc
Address: 101-16 Clewley Ave
City: Waltham State: MA Zip: 02452 Phone #: 781-849-3000

- | | | |
|--|----------------|--|
| <input type="checkbox"/> I am an employer with <u>14</u> employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other <u>Contracting</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Driscoll Agency
Address: 93 Longwater Circle
City: P.O. Box 9120 State: MA Zip: 02061 Phone #: 781-681-6696
Policy #: WC005471775 Expiration Date: _____

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: [Signature] Date: 3/25/13
Print Name: Frank French

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2013

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 The Driscoll Agency, Inc. 93 Longwater Circle P.O. Box 9120 Norwell MA 02061	CONTACT NAME: Karen Deal PHONE (A/C, No, Ext): 781-421 2496 E-MAIL: ADDRESS:kd@driscollagency.com FAX (A/C, No): 781 899 3005														
INSURED 6648 F. E. French Construction, Inc. 101 Clematis Ave #16 Belmont MA 02453	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: The Hanover Insurance Company</td><td>22292</td></tr><tr><td>INSURER B: North River Insurance Company</td><td></td></tr><tr><td>INSURER C: Travelers Casualty Insurance Co. of</td><td>19046</td></tr><tr><td>INSURER D: Commerce & Industry Insurance Compa</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F: Gemini Insurance Company</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Hanover Insurance Company	22292	INSURER B: North River Insurance Company		INSURER C: Travelers Casualty Insurance Co. of	19046	INSURER D: Commerce & Industry Insurance Compa		INSURER E:		INSURER F: Gemini Insurance Company	
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COVERAGES

CERTIFICATE NUMBER: 1460681983

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		VUMA000271	2/1/2013	2/1/2014	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 type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS Comp \$1000 D <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS Coll \$1,000 D		BA1748X022	2/1/2013	2/1/2014	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 DED <input type="checkbox"/> RETENTION \$		552-015638-1	2/1/2013	2/1/2014	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
D	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 <input type="checkbox"/> N/A		WC005471775	2/1/2013	2/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Leased or rented Equipmen		RHN980953700	2/1/2013	3/1/2014	\$100,000

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

CERTIFICATE HOLDER**CANCELLATION 30**

Evidence of Insurance

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

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