

#6462
OK 250.00



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

CARUSO CORP
320 CHARGER ST
REVERE, MA 02151

License #: **671**
Fee: **250.00**
Account ID: **554**
Reference #: **671**

7047

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 CARUSO CORP Business Location: OUT OF AREA Business Phone: 781-289-2900	
License Holder: CARUSO CORP 320 CHARGER ST REVERE, MA 02151 781-289-2900	
Mailing Address: CARUSO CORP REVERE, MA 02151	
Business Type: CORPORATION (INC. LLC)	
FID: 043132602	
Food Manager/Emergency Contact:	<p style="text-align: center;">Bob Bean</p>

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: Stephen Caruso Date: 3-8-13
 Print Name: Stephen Caruso Phone: 781-289-2900



Verification Certificate

This is to certify that Bond No. 08BSBCF9250
subscribing this certificate, dated May 21, 2012
in the amount of Ten Thousand

issued by the member company of The Hartford

Dollars \$10,000.00

on behalf of Caruso Corporation
and in favor of CITY OF SOMERVILLE

, as Principal,

, as Obligee,

covers an indefinite term which began on May 21, 2012

, and ends with the cancellation of

said bond; that said bond is now in full force and effect and will continue in full force and effect until cancelled.

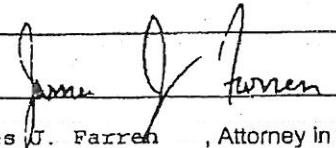
ANNIVERSARY PREMIUM PERIOD: May 21, 2012 - May 21, 2013

Signed, Sealed, and Dated March 27, 2013

Attest or Witness

Hartford Casualty Insurance Company

Surety

By:  (Seal)

James J. Farren, Attorney in fact

CC:

CC:

1030

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: Caruso Corporation
Address: 320 Charger St
City: Revere State: Ma Zip: 02151 Phone #: 781-289-2900

- I am an employer with 9 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other painting-const.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Peerless Insurance - Ohio Casualty & Liberty Mutual
Address: 9450 Seaward Rd
City: Fairfield State: Ohio Zip: 45014 Phone #: 800-843-6446
Policy #: XW0 (13) 54318323 Expiration Date: 12-1-13

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: 3-8-13

Print Name: Stephen Caruso

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID JA
CARUS-2

DATE (MM/DD/YYYY)

12/13/12

PRODUCER American Insurance 122 Quincy shore Drive Quincy MA 02171-2906	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Caruso Corporation 320 Charger Street Revere MA 02151-4328	INSURER A: Ohio Casualty Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	54318323	11/27/12	11/27/13	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
		<input checked="" type="checkbox"/> Incl Contractual				PERSONAL & ADV INJURY	\$ 1,000,000
		<input checked="" type="checkbox"/> Incl X, C, U				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COM/POP AGG	\$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY	BAO54318323	11/27/12	11/27/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	54318323	12/01/12	12/01/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				Y/N	
		If yes, describe under SPECIAL PROVISIONS below					
		OTHER				E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE -EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 OPERATIONS OF INSURED ADDITIONAL INSURED CITY OF SOMERVILLE

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
 Department of Public Works
 93 Highland Avenue
 Somerville MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 James J. Farren, CPCU, CRM