

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date

3/25/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4-1-2011

Amount Paid CK 7856 \$250-

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: F.E. French Construction Inc Phone: 781-899-3000

Applicant's Address (with Zip Code): 101-16 Clematis Ave Waltham MA 02453

Applicant's Email Address: ffrench@efrench.com

Applicant's Federal Employer Identification Number: 043508422

Business DBA Name (if applicable): N/A

Business Location (with Zip Code): N/A

Mailing Name (where we should send correspondence to): 101-16 Clematis Ave Waltham MA 02453

Mailing Address (with Zip Code): 101-16 Clematis Ave Waltham MA 02453

Emergency Contact: Frank French Phone: 617-908-7699

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed)

Partner's/Member's/President's Name: Frank French

Address with Zip Code: 45 Dean St Belmont MA 02478

Partner's/Member's/Secretary's Name: Michael French

Address with Zip Code: 33 Horace Rd Belmont MA 02478

Partner's/Member's/Treasurer's Name: Michael French

Address with Zip Code: 33 Horace Rd Belmont MA 02478

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 MAR 31 P 6:37

Attach a Drain Layers Bond in the amount of \$10,000.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Frank French Date: 3/25/11

Print Name: Frank French Phone: 781-844-3000

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☐ Approved ☐ Denied

Signature _____ Date _____

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

and ending on **06/25/2011**
(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 **03/28/2011**
(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

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

FE French Construction Inc [Signature] president
*Signature of Individual or Corporate Name (Mandatory)

[Signature] president
By: Corporate Officer (Mandatory, if a corporation)

04-3508422
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

*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: F.E. French Construction Inc
Address: 101-16 Clements Ave
City: Waltham State: MA Zip: 02453 Phone #: 781-899-3000

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Chartis
Address: 22427 Network Place
City: Chicago State: IL Zip: 60673-1224 Phone #: 781-421-2446
Policy #: WC005471775 Expiration Date: 1/18/12

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: 3/25/11

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 #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/25/2011

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 PRODUCER CUSTOMER ID #: 6648	FAX (A/C, No): 781 899 3005
INSURED F. E. French Construction, Inc. 101 Clematis Ave #16 Belmont MA 02453	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Casualty Insurance Co. of	NAIC # 19046
	INSURER B: National Union Fire Ins Co	
	INSURER C: North River Insurance Company	
	INSURER D: GEMINI INS CO	10833
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2004214271

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	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			VUMA000270	1/18/2011	1/18/2012	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 - COMPIOP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA1748X02210SEL	12/15/2010	12/15/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			552015001-8	1/18/2011	1/18/2012	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$
B	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 checked="" type="checkbox"/> N	N/A	WC005471775	2/1/2011	2/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500000 E.L. DISEASE - EA EMPLOYEE \$500000 E.L. DISEASE - POLICY LIMIT \$500000

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

RE: Drainlayers license.

CERTIFICATE HOLDER

CANCELLATION 30

City of Somerville City Hall 93 Highland Avenue Somerville MA 02143	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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