



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

**APPLICATION TO RENEW GARAGE LICENSE**

**F.W. RUSSELL & SONS DISPOSAL, INC.  
100 CROSS STREET  
SOMERVILLE, MA 02145**

License #: 725  
City #G60  
Fee: 550.00  
Account ID: 607  
Reference #: 725

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: <b>F.W. RUSSELL &amp; SONS DISPOSAL, INC.</b> Business Location: <b>120 MCGRATH HWY</b> Business Phone: <b>617-776-5120</b>	
License Holder: <b>F.W. RUSSELL &amp; SONS DISPOSAL, INC.</b> <b>120 MCGRATH HWY</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-5120</b>	
Mailing Address: <b>F.W. RUSSELL &amp; SONS DISPOSAL, INC.</b> <b>100 CROSS STREET</b> <b>SOMERVILLE, MA 02145</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - CHARLES CARNEGLIA</b> <b>SECRETARY - CHARLES CARNEGLIA</b> <b>TREASURER - CHARLES CARNEGLIA</b>	
FID: <b>043160607</b>	
Food Manager/Emergency Contact: <b>CHARLES CARNEGLIA</b> <b>617-776-5120</b>	

2014 MAR 25 P 1:35  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**NOT OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS                      21 VEHICLES OUTSIDE  
1 STORING VEHICLES  
4 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 4/13/1978, Repair Restricted To Their Own Equipment And Vehicles. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: Charles Carneglia Date 3/17/14

Print Name: Charles Carneglia Phone (617) 776-5054



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: FW Russell & Sons Disposal, Inc.

Address of taxpayer/applicant's business in Somerville: 120 McGrath Highway

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day (617) 776-5854 evening (617) 776-5854

I, (print name) \_\_\_\_\_, 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<sup>th</sup> day of

2 March, 20 14. ChliqM  
(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: \_\_\_\_\_

# 9769      # 146042011      # 791      # \_\_\_\_\_

NOTES:



CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:

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: FW Russell & Sons Disposal  
Address: 100 Cross St. (mailing office) 120 McGrath Highway (garage)  
City: Somerville State: MA Zip: 02145 Phone #: 617-776-5854

- I am an employer with 30 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 Trash Hauler

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Casualty Company of America  
Address: One Tower Square RMS  
City: Hartford State: CT Zip: 06183 Phone #: 800-328-2189  
Policy #: 7PJUB9982A16813 Expiration Date: 10/1/2014

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: 3/25/14

Print Name: Kevin Douglas

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)

3/21/2014

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 Risk Strategies Company 160 Federal Street  Boston MA 02110	CONTACT NAME: Megan Feehan	
	PHONE (A/C No. Ext): (617) 330-5700	FAX (A/C No.): (617) 439-3752
INSURED FW Russell & Sons Disposal, Inc. 100 Cross St.  Somerville MA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Berkley Regional Specialty	NAIC #
	INSURER B: Safety Insurance Company	33618
	INSURER C: Travelers Casualty Company of	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1432174141 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 WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		SCPO152617510	3/1/2014	2/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY		1711180	3/11/2014	3/11/2015	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		FPX152617610	3/1/2014	2/1/2015	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR				AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		7PJUB9982A16813	10/1/2013	10/1/2014	WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Somerville  
93 Highland Ave  
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

Michael Christian/AYR *MCS*