



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR 28 P 1:26

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

BOSTON SAND AND GRAVEL CO.
PO BOX 9187
BOSTON MA 02114

License #: BL15-000749
File #: 15-632
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: BOSTON SAND AND GRAVEL COMPANY Business Location: 492 RUTHERFORD AVE Business Phone: 617-227-9000	
License Holder: BOSTON SAND AND GRAVEL CO. PO BOX 9187 BOSTON MA 02114	
Mailing Address: BOSTON SAND AND GRAVEL CO. PO BOX 9187 BOSTON MA 02114	
Business Type: Corporation DEAN BOYLAN JR. JEANNE-MARIE BOYLAN JEANNE-MARIE BOYLAN	
FID: 041107360	
Emergency Contact: MICHAEL MALONEY Phone: 617-549-4960	
Proposed Hours of Operation if outside standard hours: MO-FR 6AM-10PM # of Vehicles Kept Inside: 60 # of Vehicles Kept Outside: 0 Open to the public? No Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No YES Charging money to store vehicles? Yes NO Storing unregistered vehicles? No YES Maintaining or operating a tow vehicle at this location? No	PERIODICALLY ACID WASH CONCRETE MIXERS DEDICATED WASH DAY - CLOSED SYSTEM

I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Boston Sand & Gravel Company

Address of taxpayer/applicant's business in Somerville: 492 RUTHERFORD AVE.

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

Taxpayer/applicant's phone: day: 617-227-9000 evening: _____

I, (print name) Jeanne-Marie Boylan, 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 23rd day of March, 2016. Jeanne-Marie Boylan
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 4-27-16 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

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

13555 # N/A # N/A # ✓
13554 # N/A # N/A # ✓

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

received
4-27-16

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: BOSTON SAND & GRAVEL COMPANY

Name: _____

Address: 100 N. WASHINGTON ST

City: BOSTON State: MA Zip: 02114 Phone #: 617-227-9000

☒ I am an employer with 250 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE HARTFORD

Address: HARTFORD PLAZA

City: HARTFORD State: CT Zip: 06115 Phone #: 877-469-9222

Policy #: 08 WN MF5220 Expiration Date: 7/1/2016

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: Jeanne-Marie Boylan Date: 3/23/16

Print Name: JEANNE-MARIE BOYLAN

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 _____

POLICY PROVISIONS: WC 00 00 00 B
INSURER: ☐ Hartford Accident and Indemnity Company
☐ Hartford Casualty Insurance Company
☐ Hartford Fire Insurance Company
☒ Hartford Underwriters Insurance Company
☐ Twin City Fire Insurance Company

ADDRESS: HARTFORD, CT 06155



NCCI COMPANY NO. INFORMATION PAGE NCCI COMPANY NO.

10448
14397
13269
10456
14974

☐ Hartford Insurance Company of Illinois
☐ Hartford Insurance Company of the Midwest
☐ Hartford Insurance Company of the Southeast
☐

20613
20605
20621

(Co. Use Only)
Best L R R P R
Ind C of CFI
01

SUFFIX

LARS Renewal
014

Co. Code
6

POLICY NO. 08 WN MF5220

Previous Policy No. 08 WN MF5220

Items

1. Named Insured and Mailing Address
(No., Street, Town, County, State)

Individual ☐ Corporation ☒
Partnership ☐ Other -----

BOSTON SAND & GRAVEL COMPANY
100 N. WASHINGTON STREET
BOSTON, MA 02114

Other workplaces not shown above:

2. The Policy Period is from 07/01/2015 to 07/01/2016

12:01 A.M., standard time at the insured's mailing address

Producer's Name THE WEINER COMPANY, INC.
ONE MCKINLEY SQUARE
BOSTON, MA 02109
Producer's Code 082233

Issuing Regional Office

THE HARTFORD
ONE HARTFORD PLAZA
HARTFORD, CT 06155

3. A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the states listed here:

MA, NH

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.

The Limits of our Liability under Part Two are: Bodily Injury by Accident \$ 500,000. Each accident
Bodily Injury by Disease \$ 500,000. Policy Limit
Bodily Injury by Disease \$ 500,000. each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING
AND ANY STATES DESIGNATED IN ITEM 3A OF THE INFORMATION PAGE

D. This policy includes these endorsements and schedules: WC990005 AND SEE LISTING OF ENDTS

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				\$ 268,873.
TERRORISM	9740			\$ 2,853.
CATASTROPHE	9741			\$ 123.

FEIN NO. 04-1107360

Interstate/Intrastate ID No. 910401971

NAICS: 327320

Minimum Premium: \$ 1,075. NH

Total Estimated Annual Premium \$ 271,849.

Deposit Premium \$ 271,849.

Audit Period: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

07/07/2015

Form WC 00 00 01 A Printed in U.S.A.

Countersigned by

Authorized Agent

Date