

2010 MAY 27 P 12: 56

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date MAY 10, 2010

CITY CLERK'S OFFICE	
FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: EMANOUIL BROTHERS, INC. Phone: (978) 256-6125

Business DBA Name (if applicable): N/A

Address with Zip Code: 17 PROGRESS AVE. CHELMSFORD, MA 01824

Tax Identification Number: 04-290-3005 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): EMANOUIL BROTHERS, INC.

Address with Zip Code: 17 PROGRESS AVENUE CHELMSFORD, MA 01824

Property Owner Name: CITY OF SOMERVILLE Phone: (617) 625-6600 x2545

Address with Zip Code: 93 HIGHLAND AVE. SOMERVILLE, MA 02143

Emergency Contact 1: JON DIETTE Phone: (978) 804-7378

Emergency Contact 2: MIKE EMANOUIL Phone: (508) 572-0166

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

IF A SOLE PROPRIETOR:

Owner's Name: N/A

Address with Zip Code: N/A

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

Partner's/Member's/President's Name: P. CHARLES EMANOUIL

Address with Zip Code: 17 PROGRESS AVE. CHELMSFORD, MA 01824

Partner's/Member's/Secretary's Name: DAVID A. KATES

Address with Zip Code: 116 DALTON ROAD, CHELMSFORD, MA 01824

Partner's/Member's/Treasurer's Name: P. CHARLES EMANOUIL

Address with Zip Code: 17 PROGRESS AVE. CHELMSFORD, MA 01824

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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: Jonathan Diette Date: 5/10/2010
Print Name: JONATHAN DIETTE Phone: (978) 804-7378

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature: [Signature] Date: 05-19-10



EMANOUIL BROTHERS

Inc.



*17 Progress Avenue
Chelmsford, MA 01824
978-256-6125
Fax: 978-256-6793
Est Fax: 978-256-7419*

May 11, 2010

City of Somerville Engineering Department
1 Franey Road
Somerville, MA

RE: Drain Layers references

Please find below (3) municipal references for the drain layers license.

Boston Water and Sewer Commission
980 Harrison Avenue
Boston, MA 02119
Frank McLoughlin (617) 989-7600
Reference license #10764 Jonathan Diette

Town of Littleton Highway Department
39 Ayer Road
Littleton, MA 01460
James Clyde (978) 540-2670

Town of Westford Highway Department
28 North Street
Westford, MA 01886
Richard (Chip) Barrett (978) 692-5520

Please feel free to call if you have any questions.

Very truly yours,

EMANOUIL BROTHERS, INC.

Jonathan Diette, MCLP
Estimator / Project Manager

Sewer or Drain Layers Bond Bond # 08BSBFS8871

KNOW ALL MEN PRESENT BY THESE PRESENTS, That we, Emanouil Brothers, Inc. of 17 Progress Ave., Chelmsford, MA 01824, as Principal and Hartford Casualty Insurance Company a Corporation organized under the laws of the State of Indiana and duly authorized to transact business in the Commonwealth of Massachusetts, having an office in usual place of business at 100 River Ridge Drive. Norwood, Mass., as surety are held and firmly bound unto the City of Somerville, Massachusetts in the sum of Ten Thousand Dollars (\$10,000.) , Lawful money of the United States of America, to be paid to the said City of Somerville. or its successors, for which payment will and truly to be made and done, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this 12th day of May, 2010

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH. that if the above bounden Emanouil Brothers Inc. who has been licensed for the term beginning May 17 , 2010 and ending August 17, 2010 when the City of Somerville, Massachusetts to make openings into sewers or drains in the City of Somerville, Massachusetts for the purpose of making connections with any house, seller, vault, yard or other premises will carefully make the openings into such sewers or drains in the manner prescribed by said City of Somerville, Massachusetts without injuring, and will leave no obstruction of any description whatever therein, will properly close up since it was or drains around the connections made by him, it will make no openings into the arch of said sewers or drains, and will faithfully comply with the ordinances in relation to opening and excavating the streets and will faithfully comply with all rules and regulations of the City of Somerville Massachusetts and will save, indemnify and hold harmeless, some of said City of Somerville Massachusetts for any and all injury that may accrue to persons, animals or property and damage consequent thereupon by reason of any opening on any Street , Lane, Ave., or Public Place made by Emanouil Brothers, Inc. for those in the employment for the purpose of putting down such pipe for the introduction of water all for any other purpose or object whatever; and will deposit the material composing the superstructure without breaking or injuring the same, in a manner which will occasion the least inconvenience to the public and will fill in any excavation made and will leave the same properly packed, rammed and repaired for the paving required and suitably the pavement taken from the excavating; then this obligation to be void, otherwise to remain in full force and effect

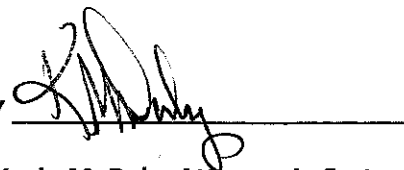
Emanouil Brothers Inc.

BY



Hartford Casualty Insurance Company

BY



Kevin M. Daly- Attorney In Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-4

P.O. BOX 2103, 690 ASYLUM AVENUE
HARTFORD, CONNECTICUT 06115

call: 888-266-3488 or fax: 860-757-5835

Agency Code: 08-080046

KNOW ALL PERSONS BY THESE PRESENTS THAT:

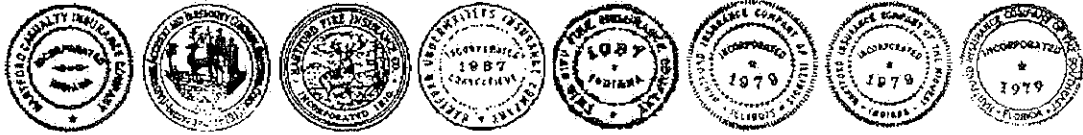
- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of unlimited:**

Kevin M. Daly
of
Boston, MA

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on January 22, 2004 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Scott Sadowsky

Scott Sadowsky, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Assistant Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 3rd day of March, 2008, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Scott E. Pascka

Scott E. Pascka
Notary Public

My Commission Expires October 31, 2012

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of **12th May 2010**
Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Assistant Vice President

CERTIFICATE OF CORPORATE AUTHORITY

I, DAVID A. KATES, Clerk of

EMANOUIL BROTHERS INC. hereby certify that,

at a meeting of the Board of Directors of said Corporation duly held on the 10TH day of

MAY, 2010, at which a quorum was present and voting throughout, the following

vote was duly passed and is now in full force and effect:

VOTED: That E JONATHAN DIETTE be and

hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to

sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and

other obligations of the Corporation, the execution of any such contract, bond or obligation by

such JONATHAN DIETTE to be valid

and binding upon this Corporation for all purposes. This vote remains in full force and effect, and

has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that JONATHAN DIETTE

is the duly elected PROJECT MANAGER/ESTIMATOR of said Corporation.

Signed David A. Kates - CONTROLLER/CLERK

Place of Business 17 PROGRESS AVE, CHELMSFORD, MA 01824

Date 5/10/2010

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation.

Countersigned _____

Name & Title of Countersigning Officer _____

ACORD**CERTIFICATE OF LIABILITY INSURANCE**OP ID:KD
EMANO-IDATE (MM/DD/YYYY)
05/12/10

PRODUCER
Gallagher Construction Svcs.
CA License# 0726293
1 Market St., Spear Tower #200
San Francisco CA 94105
Phone: 800-500-7202 Fax: 415-391-1882

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.

INSURED

Emanouil Brothers, Inc.
17 Progress Avenue
Chelmsford MA 01824

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: SURICH AMERICAN INSURANCE CO.
INSURER B: SCOTTSDALE INSURANCE COMPANY
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 LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GLO0303514206	11/01/09	11/01/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" 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	BAP303514106	11/01/09	11/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UMS0024921	11/01/09	11/01/10	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC303514006	11/01/09	11/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Drain Layers

CERTIFICATE HOLDER

City of Somerville
93 Highland Avenue
Somerville, MA 02143

CANCELLATION

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

KEVIN DALY

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.

EMANOUIL BROTHERS, INC.

*Signature of Individual or Corporate Name (Mandatory)

David A. Kates - CONTROLLER

By: Corporate Officer (Mandatory, if a corporation)

04-290-3005

**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: EMANOUIL BROTHERS, INC.

Address: 17 PROGRESS AVE.

City: CHELMSFORD State: MA Zip: 01824 Phone #: 978-256-6125

- I am an employer with >50 employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 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.
 Other CONSTRUCTION

Workers' compensation insurance information (if applicable):

Insurance Company Name: ZURICH AMERICAN INSURANCE COMPANY

Address: C/O ARTEX 1400 AMERICAN LANE

City: SCHAUMBURG State: IL Zip: 60196 Phone #: 877-347-6465

Policy #: WC-3035140-05 Expiration Date: 11/1/10

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: Darba Kates - CONTROLLER Date: 3/10/10

Print Name: DAVID A. KATES - CONTROLLER

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

FYI

COMMERCIAL INSURANCE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY - INFORMATION PAGE

Servicing Office:

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

c/o ARTEX / NEWCON OFFICE
1400 AMERICAN LANE
SCHAUMBURG, IL 60196

1. Policy Number WC 3035140-06 Named Insured and Mailing Address EMANOUIL BROTHERS, INC. (SEE NAMED INSURED ENDORSEMENT) 17 PROGRESS AVE CHELMSFORD MA 01824	Renewal of Number WC 3035140-05 Producer and Mailing Address ARTHUR J. GALLAGHER RISK 125 BROAD ST BOSTON MA 02110-3042
Producer Code 63041-000	

Other workplaces not shown above:
FEIN: 04-2903005
NCCI Company No. 10863 New Renewal Rewrite of Prior Policy No.

This information page, with policy provisions and endorsements, if any, completes this policy.

Insured is: CORPORATION

2. Policy Period: From: 11-01-2009 to 11-01-2010 at 12:01 A. M. Standard Time at insured's mailing address.
Insured's Identification number(s):

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

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

The Limits of Liability under Part Two are:	Bodily Injury by Accident:	1,000,000	each accident
	Bodily Injury by Disease:	1,000,000	policy limit
	Bodily Injury by Disease:	1,000,000	each employee

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

D. This Policy includes these endorsements and schedules:
See Schedule of Forms and Endorsements.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the following Classification Schedule is subject to verification and change by audit.
See Classification Schedule

TOTAL ESTIMATED STANDARD PREMIUM	\$	73,046.00	If indicated below, adjustments of premium shall be made: <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> This is a Three Year Fixed Rate Policy <input type="checkbox"/> Quarterly
PREMIUM DISCOUNT	\$	-5,637.00	
EXPENSE CONSTANT	\$	338.00	
PREMIUM FOR ENDORSEMENT	\$		
TAXES AND SURCHARGES	\$	5,101.00	
TOTAL ESTIMATED ANNUAL PREMIUM	\$	72,848.00	
MINIMUM PREMIUM	\$		
DEPOSIT PREMIUM	\$		

Agent or Producer _____ Countersigned by Resident Licensed Agent _____ Date _____