

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3/20/2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3-22-11

Amount Paid \$250.00

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: A.P. Flowers + Son, LLC Phone: (781) 935-9367

Applicant's Address (with Zip Code): 29 James St. Woburn, MA. 01801

Applicant's Email Address: doreenflowers@hotmail.com

Applicant's Federal Employer Identification Number: 26-2190382

Business DBA Name (if applicable):

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to): SAME AS ABOVE

Mailing Address (with Zip Code):

Emergency Contact: Anthony Flowers Phone: (781) 640-6066

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: Anthony P. Flowers

Address with Zip Code: 29 James St. Woburn, MA. 01801

Partner's/Member's/Secretary's Name: Doreen A. Flowers

Address with Zip Code: 29 James St. Woburn, MA. 01801

Partner's/Member's/Treasurer's Name: SAME

Address with Zip Code:

2011 MAR 22 A 10:10
CITY CLERK'S OFFICE
SOMERVILLE, MA

ACKNOWLEDGEMENT

✓ Signature of Applicant: Anthony P. Flowers MGR. Date: 3/20/2011
Print Name: Anthony P. Flowers, MGR Phone: (781) 935-9067

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature _____ Date _____



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 25285380 briefly described as DRAINLAYER CITY OF SOMERVILLE

for A. P. FLOWERS & SON, LLC

_____, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 17, 2011, and ending April 17, 2012, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 03 day of March, 2011.



WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

**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.

A.P. Flowers + Son LLC
*Signature of Individual or Corporate Name (Mandatory)

✓ Anthony P. Flowers MGR.
By: Corporate Officer (Mandatory, if a corporation)

26-2190382
**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: A.P. Flowers + Son, LLC

Address: 29 James St

City: Woburn, State: MA Zip: 01801 Phone #:

- | | |
|--|---|
| <input checked="" type="checkbox"/> I am an employer with <u>3</u> employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input checked="" type="checkbox"/> Other <u>Excavating Contractors</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers

Address: 150 Baldwin St Suite A

City: Elmira, State: NY Zip: 14901 Phone #: 888-661-3938

Policy #: IHUB4994NG0910 Expiration Date: 6/10/11

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: Anthony P. Flowers Mgr. Date: 3/20/2011

Print Name: Anthony P. Flowers, Mgr

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 _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SM
FLOWE-1

DATE (MM/DD/YYYY)
12/20/10

PRODUCER
Martini Insurance Agency, Inc.
6 Common Street
PO Box 565
Woburn MA 01801-0665
Phone: 781-935-0220 Fax: 781-933-9445

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

A. P. Flowers & Son LLC
Anthony and Doreen Flowers
29 James Street
Woburn MA 01801

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Indemnity Co of IL
INSURER B: Travelers
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 TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	I6801243B94ATIA11	01/23/11	01/23/12	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	BA9124B15711SEL	01/23/11	01/23/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY	ISFCUP8881Y672IND11	01/23/11	01/23/12	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$5000				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	IHUB4994N60910	06/10/10	06/10/11	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Operations usual to excavation and/or grading of land.

CERTIFICATE HOLDER

SOMER-6

City of Somerville
Clerks Office
96 Highland Ave
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 10 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

Anne Marie Collins