



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR - 7 P 3:41

Application to Renew Drain Layer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

Mirra Company, Inc.
6 Norino Way
PO Box 399
Georgetown MA 01833

License #: BL15-001169
File #: 15-011682
Fee: 275

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: Mirra Company Business Location: Business Phone: 978-352-7879	
License Holder: Mirra Company, Inc. 6 Norino Way PO Box 399 Georgetown MA 01833	Delete PO Box from address
Mailing Address: Mirra Company, Inc. 6 Norino Way PO Box 399 Georgetown MA 01833	Delete PO Box from address
Business Type: Corporation Norino Mirra Norino Mirra Anthony Mirra	
FID: 042203027	
Emergency Contact: Anthony Mirra Phone: 978-758-0208	

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

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**



LICENSE OR PERMIT BOND

Bond **32S475015**

KNOW ALL BY THESE PRESENTS, That we, MIRRA COMPANY, INC.

_____ as Principal, of
P.O. Box 399

(Street and Number)

Georgetown, MASSACHUSETTS and the The Ohio Casualty Insurance Company
(City) (State)

_____, a New Hampshire corporation, as Surety, are held and firmly
bound unto CITY OF SOMERVILLE, as Obligee, in the sum of
Ten Thousand Dollars And Zero Cents

(\$10,000.00) for which sum, well and truly to be paid, we bind ourselves,
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 22nd day of June, 2015.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be
granted a license or permit to do business as Drainlayer for Anthony Mirra
_____ by the Obligee.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in
conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER:

1. This bond shall continue in force:

☒ Until 22nd day of June, 2016, or until the date of expiration of any Continuation
Certificate executed by the Surety

OR

☐ Until canceled as herein provided.

2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than
thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

MIRRA COMPANY, INC.

By _____ Principal

The Ohio Casualty Insurance Company



By CHRISTINE M. HOSMER Attorney-in-Fact

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: Mirra Co Inc
Address: Le Norino Way
City: Georgetown State: MA Zip: 01833 Phone #: 9783527879

- ☒ I am an employer with 130+ 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: HDI - Gerling America
Address: c/o Energi Ins. 10 Centennial Dr. Suite 201
City: Peabody State: MA Zip: 01960 Phone #: 9785311822
Policy #: EWGCC000034915 Expiration Date: 5/7/16

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: 3-3-16
Print Name: Anthony Mirra

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 _____

Client#: 27174

MIRRA

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/20/2015

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 Energi Insurance Services Inc. 10 Centennial Drive Suite 201 Peabody , MA 01960 978 531-1822		CONTACT NAME: PHONE (A/C, No, Ext): 978 531-1822 FAX (A/C, No): 978-531-4847 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : HDI-Gerling America Insurance C	41343
		INSURER B : North River Insurance Company	21105
		INSURER C : Travelers Commercial Insurance	36137
		INSURER D : HDI-Gerling America Insurance C	41343
		INSURER E :	
		INSURER F :	

INSURED
Mirra Company, Inc.
Merrimack Valley Leasing Corp.
6 Norino Way
Georgetown, MA 01833-2228

COVERAGES

CERTIFICATE NUMBER:

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
A	GENERAL LIABILITY	X	X	EGGCC000034915	05/07/2015	05/07/2016	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$0
	<input checked="" type="checkbox"/> Contractual Liab.						PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY	X	X	EAGCC000034915	05/07/2015	05/07/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
D	<input checked="" type="checkbox"/> ANY AUTO	X	X	EAGCC000089015	05/07/2015	05/07/2016	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> MCS90	<input checked="" type="checkbox"/> MM9955					\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	X	5811052077	05/07/2015	05/07/2016	EACH OCCURRENCE \$5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$0						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	EWGCC000034915	05/07/2015	05/07/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
C	Commercial P	X		QT660221D5210COF15	05/07/2015	05/07/2016	E.L. DISEASE - POLICY LIMIT \$1,000,000
							500,000 A/R R/C for Leased or Rented Equipment

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

Prison K. Mc...

© 1988-2010 ACORD CORPORATION. All rights reserved.