

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #191119
Business Name: Suffolk Engineering Inc
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

2012 APR 19 P 6:19
CITY CLERK'S OFFICE
SOMERVILLE, MA

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	A. Suffolk Water + Sewer
Somerville Address and Zip Code:	104 Pine Street Waltham, MA 02453
Phone Number of the Business:	781 893 9696

The Legal Name of the License Holder:	A. Suffolk Water + Sewer
Street Address of the License Holder:	104 Pine Street
City, State and Zip Code of the License Holder:	Waltham, MA 02453
Phone Number of the License Holder:	781 893 9696
Email Address of the License Holder:	1piccirilli@sciboston.com

Where We Should Send Mail: Name:	A. Suffolk Water + Sewer
Street Address:	104 Pine Street
City, State and Zip Code:	Waltham, MA 02453
Email:	1piccirilli@sciboston.com
Phone Number:	781 893 9696

Federal ID # (Do Not Give a Social Security #):	843282065
---	-----------

Emergency Contact and Phone (For Fire Dept. Use):	Adam Piccirilli
---	-----------------

617 593-4004 cell.

-OVER-

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Date 7/6/12

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: A. Suffolk Water + Sewer dba Suffolk Engineering Inc
Address: 104 Pine Street
City: Waltham State: MA Zip: 02453 Phone #: 7818939696

- ☐ I am an employer with _____ 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 Construction site

Workers' compensation insurance information (if applicable):

Insurance Company Name: Selective Ins. Group.
Address: 233 West Central St.
City: Natick State: MA Zip: 01760 Phone #: 508620-3481
Policy #: WC 7264244 Expiration Date: 1/29/13

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: _____

Date: 4/6/12

Print Name: Linda Piccirilli

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/15/2012

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 Eastern Insurance Group LLC 233 West Central Street Natick MA 01760	CONTACT NAME: Construction PHONE (A/C, No, Ext): (508) 651-7700 FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00032764														
INSURED dba A. SUFFOLK WATER & SEWER SUFFOLK ENGINEERING INC 104 PINE STREET WALTHAM MA 02453-5308	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Selective Insurance Co of SC</td><td>19259</td></tr><tr><td>INSURER B: Selective Ins Co of Southeast</td><td>39926</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Selective Insurance Co of SC	19259	INSURER B: Selective Ins Co of Southeast	39926	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Selective Insurance Co of SC	19259														
INSURER B: Selective Ins Co of Southeast	39926														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER MASTER 2012

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			S 1840843	1/29/2012	1/29/2013	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) \$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000	
							PRODUCTS - COMP/OP AGG \$ 3,000,000	
A	AUTOMOBILE LIABILITY			A 9091250	1/29/2012	1/29/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS						Uninsured motorist property \$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						Medical payments \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			S 1840843	1/29/2012	1/29/2013	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000	
	DEDUCTIBLE							
	<input checked="" type="checkbox"/> RETENTION \$ 0							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 7264244	1/29/2012	1/29/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N					E.L. EACH ACCIDENT \$ 500,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 500,000	
							E.L. DISEASE - POLICY LIMIT \$ 500,000	
A	LEASED/RENTED EQUIPMENT			S 1840843	1/29/2012	1/29/2013	LIMIT \$10,000	

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

CERTIFICATE HOLDER**CANCELLATION**CITY OF SOMERVILLE
ATTN: JOHN LONG
93 HIGHLAND AVENUE
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

Rosemary Fulham/PMA



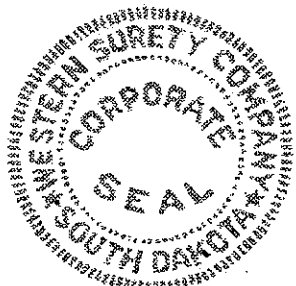
Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 22933106 briefly described as DRAIN-LAYER CITY OF SOMERVILLE
for A. SUFFOLK WATER & SEWER DBA SUFFOLK ENGINEERING, INC.
_____, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 20, 2012, and ending May 20, 2013, 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 11 day of April, 2012.



WESTERN SURETY COMPANY

By

Paul T. Bruflat

Paul T. Bruflat, Senior Vice President

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



Western Surety Company

RIDER

It is hereby mutually agreed and understood by and between the Principal and WESTERN SURETY COMPANY, that instead of as originally written:

The Principal's name has been changed to read:

A. Suffolk Water & Sewer dba Suffolk Engineering, Inc.

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the _____ bond _____, except as hereinabove set forth.

This Rider becomes effective on the 11th day of April, 2012, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of _____ bond _____ No. 22933106
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota, to
A. Suffolk Water & Sewer dba Suffolk Engineering, Inc.

Signed this 11th day of April, 2012.

WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President





Western Surety Company

RIDER

It is hereby mutually agreed and understood by and between the Principal and WESTERN SURETY COMPANY, that instead of as originally written:

The Principal's name has been changed to read:
A. Suffolk Water & Sewer dba Suffolk Engineering

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the _____ bond _____, except as hereinabove set forth.

This Rider becomes effective on the 2nd day of April, 2012, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of _____ bond _____ No. 42860979
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota, to

A. Suffolk Water & Sewer dba Suffolk Engineering

Signed this 2nd day of April, 2012.

WESTERN SURETY COMPANY

By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President



St. Bond
Bond exp. 8/16/12