



CITY OF SOMERVILLE, MASSACHUSETTS

CITY CLERK'S OFFICE

JOSEPH A. CURTATONE

MAYOR

JOHN J. LONG  
City Clerk

August 21, 2012

To Whom It May Concern:

S&R Construction Enterprises has requested a Drainlayer's License in the City of Somerville. Their services are required for work at the Assembly Square MBTA Stop area.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long  
City Clerk

Approved by President:

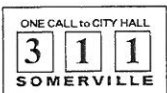
President Thomas F. Taylor

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Alderman William M. Roche



# APPLICATION FOR DRAIN LAYING

2012 AUG 21 A 9:03

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date July 20, 2012

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Date Recorded

Amount Paid

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: S & R Construction Co., Inc. Phone: (603) 382-6799

Business DBA Name (if applicable): S & R Construction Enterprises

Address with Zip Code: 185 South Main Street, Newton, NH 03858

Tax Identification Number: 02-0377652 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): Doreen Early

Address with Zip Code: P O Box 509, Newton, NH 03858

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Jac Clayton Phone: (978) 815-7719

Emergency Contact 2: Thomas Roper Phone: (978) 815-4135

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: Stephen P. Early, President

Address with Zip Code: 353 South Main Street, Bradford, MA 01835

Partner's/Member's/Secretary's Name: Stephen P. Early, Secretary

Address with Zip Code: 353 South Main Street, Bradford, MA 01835

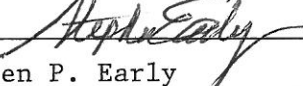
Partner's/Member's/Treasurer's Name: Stephen P. Early, Treasurer

Address with Zip Code: 353 South Main Street, Bradford, MA 01835

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:  Date: July 20, 2012  
Print Name: Stephen P. Early Phone: (603) 382-6799

#### FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

#### ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☒ Approved ☐ Denied  
Signature:  Date: 8.21.12

Bond No. ONL000102535

## LICENSE AND PERMIT BOND – CONTINUOUS

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, S&R Construction Co., Inc., as Principal and Berkley Regional Insurance Company, a corporation duly incorporated under the laws of the State of Delaware and authorized to do business in the State of Massachusetts, as Surety, are held and firmly bound unto City of Somerville, as Obligee, in the penal sum of TEN THOUSAND DOLLARS & 00/100 CENTS (\$ 10,000.00) Dollars, for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license or permit for Drainlayer Permit.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall faithfully perform all duties and protect said Obligee from any damage caused by the Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations, pertaining to the license or permit issued, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall become effective on the 17 day of July, 2012.

PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above.

PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts of the Principal at any time by giving thirty (30) days written notice of such termination to the Obligee.

SIGNED, SEALED, and DATED this 17 day of July, 2012.

S&R Construction Co., Inc.

By: [Signature]  
Principal

Berkley Regional Insurance Company

By: [Signature]  
Rebecca Shanley Attorney-in-Fact

POWER OF ATTORNEY  
BERKLEY REGIONAL INSURANCE COMPANY  
WILMINGTON, DELAWARE

Agency No: 378  
Bond Number: ONL000102535

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY REGIONAL INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Urbandale, Iowa, has made, constituted and appointed, and does by these presents make, constitute and appoint:

Rebecca Shanley

its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed One Million and 00/100 Dollars (\$1,000,000.00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on August 21, 2000:

"RESOLVED, that the proper officers of the Company are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued."

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 28 day of April, 2009.

Attest:

(Seal)

By

Ira S. Lederman  
Senior Vice President & Secretary

Berkley Regional Insurance Company

By

Robert P. Cole  
Senior Vice President

STATE OF CONNECTICUT )

) ss:

COUNTY OF FAIRFIELD )

Sworn to before me, a Notary Public in the State of Connecticut, this 28 day of April, 2009, by Robert P. Cole and Ira S. Lederman who are sworn to me to be the Senior Vice President, and the Senior Vice President and Secretary, respectively, of Berkley Regional Insurance Company.

**EILEEN KILLEEN**  
NOTARY PUBLIC  
MY COMMISSION EXPIRES JUNE 30, 2012

Eileen Killeen  
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY REGIONAL INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 17 day of July, 2012.

(Seal)

Steven Coward  
Steven Coward

## Inquiry and Notification Rider

Berkley Surety Group, LLC is the affiliated underwriting manager for all of the surety business of the following affiliated companies: Acadia Insurance Company, Berkley Insurance Company, Berkley Regional Insurance Company, Carolina Casualty Insurance Company, Union Standard Insurance Company, Union Insurance Company and Continental Western Group Insurance Company.

**To verify the authenticity of this bond please call:  
(973) 775-5021 or Telefax (973) 775-5204**

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Any written notices, inquiries, claims or demands to the surety on the bond to which this Rider is attached should be directed to:

**Berkley Surety Group, LLC  
412 Mt. Kemble Ave.  
Suite 310N  
Morristown, NJ 07960  
Attention: Surety Claims Department**

Or

Telefax: (866) 408-2421

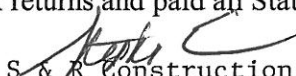
Please include with all notices the bond number and the name of the principal on the bond. Where a claim is being asserted please set forth generally the basis of the claim. In the case of a payment or performance bond please identify the project to which the bond pertains.



**BERKLEY SURETY GROUP**

**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.

  
S & R Construction Co., Inc.

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

  
Stephen P. Early, President

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

02-0377652

\_\_\_\_\_  
\*\*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: S & R Construction Co., Inc.

Address: 185 South Main Street

City: Newton State: NH Zip: 03858 Phone #: (603) 382-6799

- ☒ I am an employer with 48 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☒ Other Construction

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Union Insurance Company

Address: 290 Donald J. Lynch Blvd, P.O. Box 9168

City: Marlborough State: MA Zip: 01752 Phone #: \_\_\_\_\_

Policy #: WCA 0382584-12 Expiration Date: 3/01/13

**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: July 20, 2012

Print Name: Stephen P. Early, President

**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  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ ☐ Other \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: RS

DATE (MM/DD/YYYY)

07/17/12

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).

<b>PRODUCER</b> DeSanctis Insurance Agcy, Inc. 100 Unicorn Park Drive Woburn, MA 01801		781-935-8480 781-933-5645	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: S&RCO-2		FAX (A/C, No):
<b>INSURED</b> S&R Construction Co., Inc. dba S&R Construction Enterprises P.O. Box 509 185 South Main Street Newton, NH 03858			<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Acadia Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC #

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY		CPA0185213	06/30/12	06/30/13	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> XCU Included					PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	AUTOMOBILE LIABILITY		CAA0185214 NH MAA0328677	06/30/12	06/30/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
A	<input checked="" type="checkbox"/> HIRED AUTOS						\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$	
	A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		CUA0185215	06/30/12	06/30/13	EACH OCCURRENCE	\$ 10,000,000
		<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 10,000,000
<input type="checkbox"/> DEDUCTIBLE							\$	
<input checked="" type="checkbox"/> RETENTION \$ NONE							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCA0382584 MA,NH	03/01/12	03/01/13	<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				E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
						E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

**CERTIFICATE HOLDER****CANCELLATION**

SOMER-1

City of Somerville  
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

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