

### CITY OF SOMERVILLE

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

### **Application to Renew Lodging House License**

TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155

License #:

BL15-000096

File #:

15-110

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> 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                      |
|--|--|
| Business/DBA Name: BARTOL HOUSE<br>Business Location: 37 SAWYER AVE<br>Business Phone: 617-627-3992                | CHANGES: (Note below or explain on a separate sheet) |
| License Holder: TRUSTEES OF TUFTS COLLEGE<br>TUFTS UNIVERSITY FACILITIES DE<br>520 BOSTON AVE<br>MEDFORD MA 02155  |  |
| Mailing Address: TRUSTEES OF TUFTS COLLEGE<br>TUFTS UNIVERSITY FACILITIES DE<br>520 BOSTON AVE<br>MEDFORD MA 02155 |  |
| Business Type: Trust<br>TRUSTEES OF TUFTS COLLEGE  |  |
| FID: 042103634   |  |
| Emergency Contact: DANIELA SOUSA<br>Phone: 617-627-3992  |  |
| Name of lodging house: BARTOL HOUSE Location of lodging house: 37 SAWYER AVE # of Residents: 14                    |  |

| I hereby certify under the penalties of perjury that the follow -All information shown above is true and accurate.        |  |
|---|--|
| -Any changes above are subject to the approval of the BOA-I have filed all State tax returns and paid all State taxes re- | ARD OF ALDERMEN.<br>quired by law for this business. |
| Signature: Manuelo Jose.  Printed Name: Denida Sousa  | Date: 5-10-16  |
| Printed Name: Denila Sasa   | Phone: 5-10-16                                       |
|   |  |

# LODGING HOUSE LICENSE INSPECTIONS FORM

| Name of Lodging House:   | Bartol House 37 Sawyer Ave 02, Phone: 6/7-627-3                                  |
|--|--|
| Number of residents at this lodging house:                                 | 14   |
|  | this form to the City Clerk for consideration by                                 |
| Approved _ Denied Date 8-11-16  Center Van Catte  Police Chief or Designee | Approved _Denied Date 8 · 3 · 20/6  F. J. Say S. Chief Fire Engineer or Designee |
| Approved _Denied Date _8   16  Highways, Lights & Lines Sup't or Designee  | Building Inspector or Designee   |
| ApprovedDenied Date 81116  Health Inspector or Designee                    |  |

TUFTS

# 37 Sawyer Lodging House License

| Date received by Records: 8/19/16   |
|-------------------------------------|
| Reviewed by:                        |
| Date reviewed:                      |
| Number of Incidents over last year: |
| Recommendation:                     |
| Approve Deny                        |
| Reason for denial:                  |
|                                     |

Date sent to Chief/Deputy Chief:



## City of Somerville, Massachusetts Finance Department, Treasury Division

### CERTIFICATE OF GOOD STANDING

| 31 GOOD STANDING   |  |  |
|--|--|--|
| Exact name of taxpayer/applicant's business: Tufts University  |  |  |
| Address of taxpayer/applicant's business in Somerville:  |  |  |
| Address of taxpayer/applicant's home in Somerville: 37 Saurager Ave  |  |  |
| Taxpayer/applicant's phone: day: 617-627-3992 evening:   |  |  |
| I, (print name) Deniel a , the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees and fees and is current on said agreement. |  |  |
| SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of day of  |  |  |
| CITY'S ACKNOWLEDGEMENT   |  |  |
| DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:  |  |  |
| TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:   |  |  |
| Real Estate  |  |  |
| CLERK'S INITIALS: ORIGINAL STAMP: Baurus &-73-10   |  |  |
| 8-73-14  |  |  |



### The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

| Address: 169 Holland Street  City/State/Zip: Somerville, MA 02144  Phone #: 817-827-3981  Are you an employer? Check the appropriate box: 1.  | Applicant Information  |  |  |
|---|--|--|--|
| Address: 169 Holland Street  City/State/Zip: Somerville, MA 02144  Phone #: 817-827-3981  Are you an employer? Check the appropriate box:   | Business/Organization Name: Trustees of Tufts College and Walnut Hill Days of Tufts College and Tufts Co |  |  |
| Are you an employer? Check the appropriate box:  1.   | Address: 169 Holland Street  |  |  |
| Are you an employer? Check the appropriate box:  1.   |  |  |  |
| 1 am a employer with 4,500 employees (full and/or part-time).*   2.   | Filone #' 01/-02/-3981   |  |  |
| Insurance Company Name: Self-Insured with Excess insurance through New York Marine & General Ins. Co.  Insurer's Address: 59 Maiden Lane, Suite 2700  City/State/Zip: New York, NY 10038-4647  Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPP00063 Expiration Date: Both 07/01/2016  Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).  Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of  I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.  Signature:  Date:  Date:  Date: Do not write in this area, to be completed by city or town official.  City or Town: | 1.   |  |  |
| Insurer's Address: 59 Maiden Lane, Suite 2700  City/State/Zip: New York, NY 10038-4647  Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPP00063   | I am an employer that is providing workers?  |  |  |
| City/State/Zip: New York, NY 10038-4647  Policy # or Self-ins. Lic. # Sl Lic. # 702; XS Policy # W2015EPP00063  | Insurance Company Name: Self-Insured with Excess insurance through New York Marine & Gonorelland.  |  |  |
| Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPP00063  Expiration Date: Both 07/01/2016  Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).  Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.  I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.  Signature:  Date:  Date:  Date:  Do not write in this area, to be completed by city or town official.  City or Town:   | Insurer's Address: 59 Maiden Lane, Suite 2700  |  |  |
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| Phone #: 617-627-3981  Official use only. Do not write in this area, to be completed by city or town official.  City or Town:   | Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of  |  |  |
| Phone #: 617-627-3981  Official use only. Do not write in this area, to be completed by city or town official.  City or Town:   | I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct  |  |  |
| Official use only. Do not write in this area, to be completed by city or town official.  City or Town:  | Date: 5/12/2016  |  |  |
| City or Town:   |  |  |  |
| City or Town:  Permit/License #   |  |  |  |
| II ECCUSION A AL 74 / 4 .   | City or Town:Permit/License #  |  |  |
| Issuing Authority (circle one):  1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  |  |  |  |
| Contact Person: Phone #:  | Contact Person: Phone #:   |  |  |



### CERTIFICATE OF LIABILITY INSURANCE

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

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 PRODUCER CONTACT Leslie Emack Risk Strategies Company PHONE (A/C, No, Ext): (617) 330-5700 160 Federal Street FAX (A/C, No): (617) 439-3752 E-MAIL ADDRESS: lemack@risk-strategies.com Boston INSURER(S) AFFORDING COVERAGE MA 02110 INSURED INSURER A: New York Marine & General Ins Co NAIC # Trustees Of Tufts College INSURER B : 169 Holland Street-TAB Building INSURER C: INSURER D : Somerville INSURER E : MA 02144 COVERAGES INSURER F : CERTIFICATE NUMBER:CL157196473 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. POLICY EFF POLICY EXP (MM/DD/YYYY) POLICY NUMBER COMMERCIAL GENERAL LIABILITY LIMITS CLAIMS-MADE OCCUR EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ GEN'L AGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY \$ POLICY PRO-JECT GENERAL AGGREGATE \$ OTHER: PRODUCTS - COMP/OP AGG \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT ANY AUTO (Ea accident) ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per person) AUTOS NON-OWNED \$ HIRED AUTOS BODILY INJURY (Per accident) AUTOS \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR \$ **EXCESS LIAB** CLAIMS-MADE EACH OCCURRENCE \$ RETENTION \$ DED AGGREGATE \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY \$ ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) X PER STATUTE N/A E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below WC2015EPP00063 \$ 1,000,000 7/1/2015 7/1/2016 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Tufts University THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 169 Holland Street ACCORDANCE WITH THE POLICY PROVISIONS. Somerville, MA 02144 AUTHORIZED REPRESENTATIVE Michael Christian/LEM

Serial No. 11874

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.



This is to Certify that trustees of tufts college & walnut hill properties, inc.

of 169 Holland Street, Somerville, MA 02144

sub-paragraph ( to be a

-, having conformed with the provisions of ) of Section 25A of Chapter 152 of the General Laws is hereby licensed

# SELF-INSURER

FIR This license is effective for a period of one year from the

. 20 15, at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS