



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

2016 AUG -3 A 10:09

### Application to Renew Lodging House License

**WALNUT HILL PROPERTIES CORP**  
**47 WINTHROP STREET**  
**MEDFORD MA 02155**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**License #:** BL15-000112  
**File #:** 15-125  
**Fee:** 605

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)
<b>Business/DBA Name:</b> ALPHA OMICRON PI <b>Business Location:</b> 25 WHITFIELD RD <b>Business Phone:</b> 781-391-5300	
<b>License Holder:</b> WALNUT HILL PROPERTIES CORP 47 WINTHROP STREET MEDFORD MA 02155	
<b>Mailing Address:</b> WALNUT HILL PROPERTIES CORP 47 WINTHROP STREET MEDFORD MA 02155	
<b>Business Type:</b> Corporation LINDA SNYDER THOMAS MCGURTY ROBERT CHIHADÉ	
<b>FID:</b> 043419100	
<b>Emergency Contact:</b> ROBERT CHIHADÉ <b>Phone:</b> 781-391-5300	
<b>Name of lodging house:</b> ALPHA OMICRON PI <b>Location of lodging house:</b> 25 WHITFIELD RD <b># of Residents:</b> 12	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Robert O. Chihade Date: 8/1/16

Printed Name: Robert O. Chihade Phone: 781-391-5300

## LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Alpha Omicron Pi  
 Address (with Zip Code): 25 Whitfield Rd, Somerville 02144  
 Name of Contact: Doug Fernald Phone: 781-391-5300

Number of residents at this lodging house: 12

*Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.*

<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-26-2016</u></p> <p><u>[Signature]</u> SGT JOHN TAWI                  Police Chief or Designee <i>Chief's Admin. Aide</i></p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-18-16</u></p> <p><u>[Signature]</u>                  Chief Fire Engineer or Designee</p>
<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/18/16</u></p> <p><u>[Signature]</u>                  Highways, Lights &amp; Lines Sup't or Designee</p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/18/16</u></p> <p><u>[Signature]</u>                  Building Inspector or Designee</p>
<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/18/16</u></p> <p><u>[Signature]</u>                  Health Inspector or Designee</p>	

25 Whitfield Rd

## Lodging House License

Date received by Records:

7/18/16

Reviewed by:

Date reviewed:

Number of Incidents over last year: 1

(see attached)

Recommendation:

Approve ✓

Deny DM

Reason for denial:

Date sent to Chief/Deputy Chief:

7-26-2016



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Walnut Hill Properties Corp  
Address of taxpayer/applicant's business in ~~Somerville~~: 47 Winthrop St, Medford 02155  
Address of taxpayer/applicant's home in Somerville: 25 Whitfield Rd  
Taxpayer/applicant's phone: day: 781-391-5300 evening: \_\_\_\_\_

I, (print name) Robert O. Chihade, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 9th day of June, 20 16. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate      ☐ Water/Sewer      ☐ Personal Property      ☐ Other: \_\_\_\_\_  
# 116636      # 334044001      # \_\_\_\_\_      # ✓

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
8-1-16





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.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: Trustees of Tufts College and Walnut Hill Properties Corp.

Address: 169 Holland Street

City/State/Zip: Somerville, MA 02144

Phone #: 617-627-3981

**Are you an employer? Check the appropriate box:**

1. ☒ I am an employer with 4,500 employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☒ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

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 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: [Signature]

Date: 7/11/2015

Phone #: 617-627-3981

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

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  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2015

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 Risk Strategies Company 160 Federal Street  Boston MA 02110	CONTACT NAME: Leslie Emack PHONE (A/C, No, Ext): (617) 330-5700 FAX (A/C, No): (617) 439-3752 E-MAIL ADDRESS: lemack@risk-strategies.com
INSURED Trustees Of Tufts College 169 Holland Street-TAB Building  Somerville MA 02144	INSURER(S) AFFORDING COVERAGE INSURER A New York Marine & General Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL157196473 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC2015EPP00063	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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)  
Issued as Evidence of Insurance.

CERTIFICATE HOLDER Tufts University 169 Holland Street Somerville, MA 02144	CANCELLATION 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 Michael Christian/LEM <i>Michael Christian</i>
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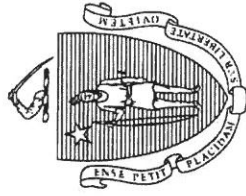
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The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.  
702

Serial No. 11874



**This is to Certify that** TRUSTEES OF TUFTS COLLEGE & WALNUT HILL PROPERTIES, INC.  
of 169 Holland Street, Somerville, MA 02144, having conformed with the provisions of  
sub-paragraph ( 2, b ) of Section 25A of Chapter 152 of the General Laws is hereby licensed  
to be a

**SELF-INSURER**

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

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

DEPARTMENT OF INDUSTRIAL ACCIDENTS

*André Carter*

DIRECTOR

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS