



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

2016 APR 14 A 10:36

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

**SOMERVILLE HOUSING GROUP TRUST III
ACTIONVEST MANAGEMENT CORP
1667 COMMONWEALTH AVENUE
BRIGHTON MA 02135**

License #: BL15-000599
File #: 15-487
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)
Business/DBA Name: SOMERVILLE HOUSING GROUP TRUST III Business Location: 481 COLUMBIA ST Business Phone: 617-783-8888	SEE ATTACHED
License Holder: SOMERVILLE HOUSING GROUP TRUST III ACTIONVEST MANAGEMENT CORP 1667 COMMONWEALTH AVENUE BRIGHTON MA 02135	SEE ATTACHED
Mailing Address: SOMERVILLE HOUSING GROUP TRUST III ACTIONVEST MANAGEMENT CORP 1667 COMMONWEALTH AVENUE BRIGHTON MA 02135	SEE ATTACHED
Business Type: LLC DAVID APOSHIAN	SEE ATTACHED
FID: 043548609	
Emergency Contact: ACTIONVEST MANAGEMENT Phone: 617-783-8881	SEE ATTACHED
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 252 # of Vehicles Kept Outside: 0 Open to the public? Yes No! Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	2016 APR 14 A 10:35 CITY CLERK'S OFFICE SOMERVILLE, MA

ADDENDUM TO CITY OF SOMERVILLE APPLICATION TO RENEW GARAGE LICENSE

LICENSE #: BL15-000599

FILE #: 15-487

ATTACHED FEE: \$605

1. **PROPERTY ADDRESS:** 481 Columbia Street, Somerville, MA 02143
2. **OWNERSHIP ENTITY** (business/DBA name):
Somerville Housing Group Trust III
PO. Box 391495
Cambridge, MA 02139 617-799-2822 481.Columbia.Park@gmail.com
MANAGEMENT ENTITY:
ProPark America
5 Longfellow Place
Boston, MA 02114 617-973-2246
3. **LICENSE HOLDER:**
Somerville Housing Group Trust III
PO. Box 391495
Cambridge, MA 02139 617-799-2822 481.Columbia.Park@gmail.com
4. **MAILING ADDRESS:**
Somerville Housing Group Trust III
PO. Box 391495
Cambridge, MA 02139 617-799-2822 481.Columbia.Park@gmail.com
5. **BUSINESS TYPE:**
Real Estate Trust
6. **EIN:** 043548614
7. **PROPOSED HOURS:**
Parkers of vehicles have access 24 hours per day, all year.
Employees are on site at most 12 hours per day.
8. **ANSWERS TO ALL OTHER LISTED QUESTIONS:** "NO"



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOMERVILLE HOUSING GROUP TRUST III

Address of taxpayer/applicant's business in Somerville: 481 COLUMBIA STREET

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), 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 _____ day of

_____, 20____. _____
(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: _____

3827 # 146010000 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received
UBA
4-22-16

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: SOMERVILLE HOUSING GROUP TRUST III
Address: P.O. Box 391495
City: CAMBRIDGE State: MA Zip: 02139 Phone #:
☒ I am an employer with 0 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 SOMERVILLE, R.E. TRUST

Workers' compensation insurance information (if applicable):

Insurance Company Name: SEE ATTACHED CERTIFICATES
Address:
City: State: Zip: Phone #:
Policy #: Expiration Date:

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: 4/15/16
Print Name: DAVID APOSTOLAKIS, TRUSTEE

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 _____



CERTIFICATE OF LIABILITY INSURANCE

CAMBR17

OP ID: DK

DATE (MM/DD/YYYY)

04/13/2016

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 Rodman Insurance Agency, Inc. 145 Rosemary St., Bldg. A Needham, MA 02494-3238 Evan Tobasky		CONTACT NAME: Evan Tobasky PHONE (A/C, No, Ext): 781-247-7800 FAX (A/C, No): 781-444-0090 E-MAIL ADDRESS:		
INSURED Cambridge Design & Development Co Inc PO Box 391495 Cambridge, MA 02139		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: The Hartford-SCIC		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

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 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					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	08WECCU7127	11/30/2015	11/30/2016	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Re: Somerville Housing Group Trust III, 481 Columbia St., Somerville, Mass. 02143

CERTIFICATE HOLDER**CANCELLATION**

CITYSOM City of Somerville 1 Franey Road Somerville, MA	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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CERTIFICATE OF LIABILITY INSURANCE

PROPINC-01

BFARMER

DATE (MM/DD/YYYY)

1/5/2016

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 License # 0C36861
Thousand Oaks-Alliant Insurance Services, Inc.
325 East Hillcrest Dr Ste 250
Thousand Oaks, CA 91360

CONTACT NAME: Marla Howard-Seleman

PHONE (A/C, No, Ext): (805) 777-4770

FAX (A/C, No): (619) 699-2159

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: AIX Specialty Insurance Company

12833

INSURER B: NOVA Casualty Company

42552

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

ProPark Inc.
One Union Place
Hartford, CT 06103

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		PKZCL00200723	05/27/2015	05/27/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> 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	X		PPACL00100423	05/27/2015	05/27/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	X		PKZ-XS-0020140-0	05/27/2015	05/27/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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	N/A	PPAWK00100463	05/27/2015	05/27/2016	<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
A	Garagekeepers Legal			PKZCL00200723	05/27/2015	05/27/2016	Limit 1,000,000
A	Liability			PKZCL00200723	05/27/2015	05/27/2016	

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

Certificate holder is named as additional insured only where required by written contract (except wc) with respects to liability in the performance of your ongoing operations for the additional insured designated at: Columbia Street Garage - 481 Columbia Street, Somerville, MA 02143 - Effective: 2/1/16

CERTIFICATE HOLDER**CANCELLATION**

Somerville Housing Group Trust III
138 Pleasant Street
Cambridge, MA 02139

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

Katherine L. Phillips

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