

### CITY OF SOMERVILLE

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

# Application to Renew Drain Layer License 198 13 D 3: 45

LEDERMAN ENGINEERING INC. 29 FREMONT AVE CHELSEA MA 02150

License #: FK'S (BE15-001106 File #: 15-872

Fee:

250

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.

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TION ON FILE.	CHANGES: (Note below or explain on a separate sheet)
INFORMATION ON FILE:	AND THE RESIDENCE OF THE CONTROL OF
Business/DBA Name: LEDERMAN ENGINEERING INC.	
Business Location: 0 OUT OF AREA	
Business Phone: 617-889-2079	
License Holder: LEDERMAN ENGINEERING INC.	
29 FREMONT AVE	
CHELSEA MA 02150	
Mailing Address: LEDERMAN ENGINEERING INC.	
29 FREMONT AVE	
CHELSEA MA 02150	
Business Type: Corporation	
RICHARD LEDERMAN	
MARC LEDERMAN	
SARRA LEDERMAN	
FID: 270387672	
Emergency Contact: SARRA LEDERMAN	
Phone: 617-293-4689	
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Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information) As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at http://www.somervillema.gov/departments/dpw/engineering. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

- 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: Date	= 4/6/15 617-719-911 (cell)
Printed Name: MacCodeman Pho	$ne: \frac{6177-7101}{1111}$

## CITY OF SOMERVILLE

## SOMERVILLE • MASSACHUSETTS 02145 DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR PHONE: 617-625-6600 • FAX: 617-625-4454

#### January 2015

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW - Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW - Engineering Department

I hereby certify that I am familiar with the rules and Somerville Permit Manual and I further attest that I will	regulations set forth in the City of work in conformance with said rules
1 lations	20 .27
and regulations.	11/1/10
Name:	ate: 4/6/15
	$\Delta I \cdot \lambda \Delta \Delta \Delta$
Signature: IVVIII	tle: OWNER.
Company: Lederman Enghearly Iv	<u> </u>

#### BOND DEPARTMENT

AGENCY: 38-0010

Starkweather Shepley Insurance

CONTINUATION CERTIFICATE

BOND

S-828390

Principal:

Lederman Engineering, Inc. 29 Fremont Ave

Chelsea, MA 02150

Obligee:

City of Somerville Dept of Public Works

1 Franey Rd Somerville MA 02145

Bond Term in Months: 12

Effective Date: 6/11/2015

Expiration Date: 6/11/2016

Penalty Amount:

\$10,000

Type of Bond: License

Classification: Drainlayer Automatic Renewals

Remarks:

Drainlayer L Sense

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated a love and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

NGM INSURANCE COMPANY

By:

Attorney-in-fact



# 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: Level   England   Englan	Workers' Compensation 222
Address: 29 Fremont Air  Address: 29 Fremont Air  State: MA zip: ONO Phone #: 617 -889-7076  [Ity: Chelsea State: MA zip: ONO Phone #: 617 -889-7077  [Ity: Chelsea State: MA zip: ONO Phone #: 617 -889-7077  [Ity: Chelsea State: MA zip: ONO Phone #: 617 -889-7077  [Ity: Chelsea State: MA zip: ONO Phone #: 617 -889-7077  [Ity: Chelsea S	Applicant information:
Address: 29 Flemont Aile  City: Chelsea State: MA Zip: O D Phone #: b 14 - 889 - 2 O T Flexible City: Chelsea Mark Zip: O D Phone #: b 14 - 889 - 2 O T Flexible City: Chelsea Mark Zip: O D Phone #: b 14 - 889 - 2 O T Flexible City: O D Phone #: b 14 - 889 - 2	1 ederman trainering, 14
State: NH Zip: O NO Phone #: B T Type:   Retail   Restaurant/Bar/Eating Establishment (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.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a nonprofit organization staffed by volunteers and have no employees.   We are a corporation than a corporation of the plant organization organization or the plant organization organizat	29 Fremant AVP
I am an employer with   employees   Business Type:   Retail   Restaurant/Bar/Eating Establishment (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.   We are a nonprofit organization staffed by volunteers and have no employees.   We have no employees.   Workers' compensation insurance information (if applicable):   Insurance Company Name:   L'1965	State: MH Zip: O 1/10 Phone #: 6
(fill 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.   Workers' compensation insurance information (if applicable):   Insurance Company Name:	City: Retail
Tam a sole proprietor or partnership and hat the 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.   We are a nonprofit organization staffed by volunteers and have no employees.   Workers' compensation insurance information (if applicable):  Insurance Company Name:	I all all company
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We are a nonprofit organization staffed by volunteers and have no employees.  Workers' compensation insurance information (if applicable):  Insurance Company Name:  Lip6t   March   M	We are a corporation that has exercised our right of Manufacturing
Workers' compensation insurance information (if applicable):  Insurance Company Name:  Libert Mark Townsel Co.  Insurance Company Name:  Libert Mark Townsel Co.  Address:  PO BON 9090  State: N + Zip: 03821 Phone # 800653. + 893  City: Date: N + State: N + Zip: 03821 Phone # 800653. + 893  Policy #: Expiration Date: 11   23   2015  Policy #: Expiration Date: 11   23   2015  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 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 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 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 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 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 penalties of the penalties of the imposition of criminal expensive the penalties of the imposition of criminal expensive the penalties of the penalties of the imposition of the imposition of criminal expensive the penalties of the imposition of criminal expensive the penalties of the penalties o	exemption per C152 S1(4), and the Health Care Constant of the Health Care
Address:  PO BON 9090  City: Date: NH State: NH Zip: 03821 Phone #1 800 653. 1893  Policy #: State: NH Zip: 03821 Phone #1 800 653. 1893  Policy #: Expiration Date: 11 23 2015  Policy #: Expiration Date: 11 23 2015  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 perjury that the information provided above is true and correct.  Signature: Date: U Signature: Date: U Signature: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Solections of Office Solections of Solections of Office	volunteers and have no employees.
Insurance Company Name:  Address:  PO Box 9090  City: Date: NH State: NH Zip: 03821 Phone # 800/653-7893  City: Date: NH State: NH Zip: 03821 Phone # 800/653-7893  Policy #: Expiration Date: 11 23 2015  Policy #: Expiration Date: 11 23 2015  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 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 penalties of a fine of \$100.00 a day against me. I understand that a copy of this statement may be worked 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: Up 15  Print Name: Date: Up 15  Board of Health Building Department City/Town Clerk Licensing Board Stelemen's Office	Workers' compensation insurance information (if applicable).
City: Dave NH State: NH Zip: 03821 Phone #. 800653.7893  City: Dave NH State: NH Zip: 03821 Phone #. 800653.7893  Policy #: NC 5-315-383472 -014 Expiration Date: 11 23 2015  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 penalties of a fine up to \$1,500.00 a day against me. I understand that a copy of this statement may be 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 write.  Signature:  Date: USA STOP  Print Name: Date: 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 Spectroms to Office	Incurance Company Name: Lives 14 Million 1986
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WORK ORDER and a difference of Investigations of the DIA for coverage verification.  I do hereby certify under the paims and penalties perjury that the information provided above is true and correct.  Signature:  Print Name:  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	
I do hereby certify under the pains and penalties perjury that the mornation provided Signature:    Date:   Da	WORK URDER and a fine of the DIA for coverage ventication.
Signature:  Print Name:  Official use only. Do not write in this area. To be completed by city or town official.  City or Town:  Permit/License #:  City/Town Clerk Licensing Board Selectmen's Office	forwarded to the Office of the pains and penalties perjury that the information provided above is true and confect.
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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	Signature.
Official use only. Do not write in this area. To be completed by city or town official.    Permit/License #:   Board of Health   Building Department   City/Town Clerk   Licensing Board   Selectmen's Office	Print Name: WWW WWW
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City or Town: Permit/License #: Building Department    City/Town Clerk    Licensing Board    Selectmen's Office	Official use only. Do not write in this area. To be completed by city of town official
Licensing Board  Selectmen's Office	Permit/License #: Bould of Residence Permit
Selectmen's Office	Licensing Board
Contact Person: Phone #: Gine.	Selectmen's Office
	Contact Person: Phone #:

(revised Jan. 2008)

#### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



AR

#### INFORMATION PAGE

175 Berkeley Street Boston, MA 02116

Issued by LM INSURANCE CORPORATION

27243

Policy Number

WC5-31S-383422-014

Issuing Office 016C Issue Date

RENEWAL OF:

WC5-31S-383422-013

12-23-14

Account Number 1-383422

Sub Account 0000

 Insured and Mailing Address LEDERMAN ENGINEERING INC

RISK ID

265795

29 FREMONT AVE

CHELSEA, MA 02150

Other workplaces not snown above: SEE ITEM 4. PREMIUM - EXTENSION OF INFORMATION PAGE

2. Policy Period: The policy period is from 11-23-2014 to 11-23-2015 12:01 A.M. standard time at the Insured's mailing address.

Coverage

A. Worker's Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states MA listed here:

B. Empic ers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our lability under Part Two are:

each accident 500,000 Bodily Injury by Accident \$ policy limit 500,000 Bodily Injury by Disease \$ each employee 500,000 Bodily Injury by Disease \$

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: SEE END WC 20 03 06B
- D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE
- Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Rating Plans. All In	Code	Prem	ium Basis Total Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium	<u>.</u>
Classifications			nformation Page			- 426
Minimum Premium Premium will be billed	\$	500	(MA)	Total Estimated Annual	Premium \$	9,436

Producer 0004-018319 STARKWEATHER & SHEPLEY INSURANCE 400 BLUE HILL DR STE 188 WESTWOOD MA 02090

WC 00 00 01 A Ed 07 01 201

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