



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

Application to Renew Drain Layer License

2015 APR 13 P 3:45

LEDERMAN ENGINEERING INC.
29 FREMONT AVE
CHELSEA MA 02150

License #: BL15-001106
 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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
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	

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: Marc Lederman

Date: 4/6/15

Printed Name: Marc Lederman

Phone: 617-719-9111 (cell)

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST 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.

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 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 regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Marc Lederman Date: 4/6/15
Signature: Marc Lederman Title: owner
Company: Lederman Engineering, Inc.

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 License

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 above 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



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Agency Bill

**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: Leiderman Engineering, Inc.
 Address: 29 Fremont Ave
 City: Chelsea State: MA Zip: 02150 Phone #: 617-889-2079
 I am an employer with 4 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 Contractor.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Insurance Co.
 Address: PO Box 9090
 City: Dover, NH State: NH Zip: 03821 Phone #: (800)653-7893
 Policy #: WC 5-318-383422-014 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 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: 4/8/15
 Print Name: Sara Leiderman

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 _____

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY**



175 Berkeley Street Boston, MA 02116

AR

INFORMATION PAGE

27243

Issued by **LM INSURANCE CORPORATION**

Policy Number **WC5-31S-383422-014**
RENEWAL CF: **WC5-31S-383422-013**
 Account Number **1-383422**

Issuing Office **016C**
 Issue Date **12-23-14**
 Sub Account **0000**

1. Insured and Mailing Address
LEDERMAN ENGINEERING INC

RISK ID 265795

29 FREMONT AVE

CHELSEA, MA 02150

Status **03 - CORPORATION**

Other workplaces not shown 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.

3. Coverage

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

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

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

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**

4. 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.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium	\$	500	(MA)	Total Estimated Annual Premium \$ 9,436
Premium will be billed	ANNUAL			

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