



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW DRAIN LAYER LICENSE

CELIBERTI REALTY LLC
33A MYSTIC AVENUE
MEDFORD, MA 02155

License #: 1031

Fee: 250.00

Account ID: 808

Reference #: 1031

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: CRL, INC. Business Location: OUT OF AREA Business Phone: 781-718-8008	
License Holder: CELIBERTI REALTY LLC 33A MYSTIC AVENUE MEDFORD, MA 02155 781-718-8008	
Mailing Address: CELIBERTI REALTY LLC 33A MYSTIC AVENUE MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC) PRESIDENT - UMBERTO CELIBERTI TREASURER - UMBERTO CELIBERTI SECRETARY - UMBERTO CELIBERTI	
FID: 454793935	
Food Manager/Emergency Contact: SAL CELIBERTI 781-391-3800	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

Description of Location and/or Other Conditions:

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: 3/1/14

Print Name: Umberto Celiberti Phone: 781-718-8008

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The **NGM Insurance Company**, hereinafter called the Company, hereby continues in force its **Drainlayers Permit** Bond Number **560705**

in the sum of **Ten Thousand dollars (\$10,000.00)**

on behalf of

Celiberti Realty, LLC

located at

33A Mystic Avenue
Medford, MA 02155

in favor of **City of Somerville, MA**

for the term beginning **August 27th, 2013** and ending on **August 27th, 2014**, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, March 5, 2014

NGM Insurance Company

By: _____

Jeffrey W. Crawford
A. A. DORITY Company, Inc.
262 Washington Street, Suite 99
Boston, MA 02108
(617) 523-2935 Fax: 617-523-1707

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 Business

Applicant information:

Name: CRL, Inc.
Address: 33A Myrtle Ave. cell 781-718-8008
City: Medford, MA State: _____ Zip: 02155 Phone #: 781-391-3800
☒ I am an employer with 10-20 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Clery Insurance
Address: 226 Causeway St.
City: Boston State: MA Zip: 02114 Phone #: 617-305-0316
Policy #: see attached Expiration Date: 9/2014

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: _____ Date: 3/1/14

Print Name: Vanessa Calbert

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

DATE (MM/DD/YYYY)
4/4/2014

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 Cleary Insurance Inc 226 Causeway Street Boston MA 02114-2155	CONTACT NAME: Deborah Corcoran CPCU	
	PHONE (A/C No. Ext): (617) 723-0700 ext 316 FAX (A/C No): (617) 305 0365	
	E-MAIL ADDRESS: deb@clearyinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: First Mercury Insurance Company	10657
	INSURER B: Charter Oak Fire Insurance Co.	25615
	INSURER C: Associated International	27189
	INSURER D: AIM Mutual Insurance Co.	33758W
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			NJ-CGL0000002314-02	5/26/2013	5/26/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			BA-2C950257	9/23/2013	9/23/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB		OCCUR	XOBW4519713	5/26/2013	5/26/2014	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AWC-7018143-2014	2/15/2014	2/15/2015	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder included as additional insured for general liability when required by a written and signed contract and subject to policy terms, conditions and exclusions. per form #s CG2010 (7/04); CG2037 (7/04); CG2404 (5/09) and FMIC GL1002 (10/2012) all attached

CERTIFICATE HOLDER

City of Somerville
93 Highland Avenue
Somerville, MA 02145

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

D Corcoran CPCU/DLC

Deborah R Corcoran