IMPORTANT

Dear License Holder:

License Type: Drain Layer

License Number: #192082

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please <u>fill out all six boxes below</u> with the correct information so we can update our records, and <u>return all of the pages with your fee</u> to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

DE IULIS

Business Name: Delulis Brothers Construction Company Inc Location: N/A Special Conditions (if any):						
Renewal Fee (Return with this application): \$250 CONWAY PARK						
PLEASE FILL IN ALL SIX BOXES BELOW:						
The DBA Name of the Business: N/A						
Somerville Address and Zip Code:						
Phone Number of the Business:						
The Legal Name of the License Holder: DeIulis Brothers Construction Co.	, Inc.					
Street Address of the License Holder: 31 Collins Street Terace						
City, State and Zip Code of the License Holder: Lynn, MA 01902						
Phone Number of the License Holder: 781-595-8677	5.49	recentally.				
Email Address of the License Holder: tdeiulis@deiulisbrothers.com	2 (in 2)	Property.				
Where We Should Send Mail: Name: same	769 (119 -460 (198	į.				
Street Address:		marchine.				
\cdot	- 650	Ū				
City, State and Zip Code:	All marin					
Email:	: ***	Season Se				
Phone Number:						
Federal ID # (Do Not Give a Social Security #): 04 244 4539						
Emergency Contact and Phone (For Fire Dept. Use): Anthony DeIulis 617-212	-4548					
		,				

Type of Business (Check Only One and Give the Names Indicated):					
Sole Proprietor: Name of Owner:					
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:					
Trust: Names of All Trustees Who Own More Than 10%:					
X Corporation (inc. LLC): Name of President: Frank DeIulis					
Name of Secretary: Patrick DeIulis					
Name of Treasurer: Anthony DeIulis					
Other (Attach a Description of the Form of Ownership and the Names of Owners)					

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Inthony Dules Date 4-6-12

Bond No. LPM7625628

License and/or Permit Continuous Bond

Delulis Brothers Construction Co., Inc. as Principal, and Fidelity and Deposit Conspany of Maryland , incorporated under the laws of the State of Illinois , with principal office in Schamburg II. as Surety, are held and firmly bound unto City of Somerville as Obligee, in the penal sum of Ten Thousand and Zero Cents	KNOW ALL MEN BY THESE PRESENTS:		
as Principal, and Pidelity and Deposit Campany of Maryland , incorporated under the laws of the State of Illinois , with principal office in Schamburg II. s Surity, are held and firmly bound unto . Gity of Somewille as Obliges, in the penal sum of Ten Thomsond and Zero Cents	That we,		
Illinois Surety, are held and firmly bound unto City of Somewille as Obligee, in the penal sum of Ten Incusand and Zero Ecots [Involved money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents. WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for draintayer bond and the term of said license or permit is continuous, beginning the 28th day of September WHEREAS, the Principal is required by law to file with City of Somerville a bond for the above indicated ferm and conditioned as bereinafter set forth, NOW, THEREFORE, THE CONDITIEN OF THIS OBLIGIATION IS SUCH, That if the above bounden Principal as such licenses or permittee shall indemnify said Obliges against all loss, costs, expenses or damage to it guased by said Principal's non-compliance with or breach of any laws, factures, ordinarcies, rules or regulations permitting to such license or permitting to the ordinarcies of the principal, which said breach or bon-compliance when or breach of any laws, factures, ordinarcies, rules or regulations permitting to such license or permitting to the principal with the bond is for a fixed term, it may be continued by Certificate executed by the Surely hereon, and PROVIDED FURTHER, that regardless of the number of years this bond shall continue of be continued in force and of the number of premiums that shall be payable or paid the Surely shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, and PROVIDED FURTHER, that regardless of the number of years this bond shall continue of be continued in force and of the number of premiums that shall be payable or paid the Surely shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, and PROVIDED FURTHER, that regardless of the number of years this bond shall continue of be c	Defulis Brothers Construction Co., Inc.		
as Suriety, are held and firmly bound unto City of Senserville so Obligee, in the heal sum of Ten Thousand and Zero Conts poollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by those presents. WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for draintayer bond and the term of said license or permit is continuous, beginning the 28th day of September	as Principal, and Fidelity and Deposit Company of Maryl Illinois , with principal office in S	and , incorporated under the li	aws of the State of
as Obligee, in the peast sum of Ten Thousand and Zere Conts Inwish money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents. WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit draintayer bond and the term of said license or permit is continuous, beginning the 28th day of Sentember , 2011 WHEREAS, the Principal is required by law to file with City of Somerville a bend for the above indicated term and conditioned as bereinafter set forth. NOW, THEREFORE, THE CONDITION OP THIS OBLIGATION IS SUCH, That if the above bounden Principal so such licensee or permit is said to the Principal which said breach or foir compliance such so or equalization permitting to such iterate or permit issued to the Principal, which said breach or foir compliances rules or regulations permitting to such iterate or permit issued to the Principal, which said breach or foir compliances thail secur during the term of this bond, then this politation shall be void, otherwise to remain in full force and effect. PROVIDED FURTHER, that regardless of the number of years this bend shall continue or be continued in force and of the number of premiums that shall be payable or paid the Surery shall not be liable hereunder for a larger amount, in the appreciate, than the amount of this bond, and PROVIDED FURTHER, that if his is a continuous bond and the Surery shall so elect, this bond maybe cancelled by the Surery as its subsequent liability by giving thirty (30) days notice in writing to said Obligee. Signest, sealed and dated the 28th day of September Debutis Brothers Construction Co., Ind. Principal Provided and Deposit Conservation of Maryland			
lawful money of the United States, for which payment, well are drug to be made, we that this states and administrators, successors and assigns, jointly and severally, firmly, by these presents. WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for draintayer bound and the term of said license or permit is continuous, beginning the 28th day of September 2011 WHEREAS, the Principal is required by law to file with City of Somerville a bond for the above indicated term and conditioned as bereinsfier set forth. NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal as such licensee or permittice shall indemnify said Obligee against all less, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations permitting to such licensee or permit sudd to the Principal, which is said breach or son, statutes, ordinances, rules or regulations permitting to such licensee or permit sudd to the Principal, which is said breach or son, statutes, ordinances, rules or regulations permitting to such licensee or permit sudd to the Principal, which is said breach or son, statutes, ordinances, rules or regulations permitting to such licensee or permit sudd to the Principal, which is said breach or son, statutes, ordinances, rules or regulations permitting to such licensee or permit such the rules of permitting to such licensee or permit such the biling to continue of this bond, there this bond generally the properties of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, and PROVIDED FURTHER, that it his is a continuous bond and the Surety shall so elect, this bond maybe cancelled by the Surety as to subsequent thability by giving finity (30) days notice in writin	as Obligan in the named sure of Ten Thousand and Zero Co	ants	
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Bellette Willette Attorner in France		By Amtonio Pacitti	Vice President
Androve A Managaria Attourner in Error		Fidefity and Deposit Company of Ma	ryland
	LPM90005ZZ0301f		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: DeIulis Brothers Construction Co., Inc.						
Address: 31 Collins Street Te	rrace					
City: Lynn	State: MA	Zip: 01902	Phone #: 781-595-8677			
X I am an employer with20employees (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. Entertainment We are a nonprofit organization staffed by volunteers and have no employees. Manufacturing Health Care OtherGeneral Contractor						
Workers' compensation insurance infor	<u>mation (Паррисавіе):</u> iberty Mutual					
Address: PO Box 9090	Inerty Mutual					
City: Dover	State: NH	Zip: 03821	Phone #: 800-653-7893			
Policy #: WC2-31S-383881-012			Expiration Date: 1/1/2013			
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 paint and penalties of perjury that the information provided above is true and correct. Signature: Date: 3/28/2012 Print Name: Patrick DeIulis						
		982 SMT - 1975 SMT - 1977 SMT - 1975 SMT - 1				
Official use only. I City or Town: Pern Contact Person:	Do not write in this area. To		or town official. Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office			
Contact Person:			Other			

(revised Jan. 2008)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIN/DD/YYYY)

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(les) 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 EDWARD F SENNOTT INS AGENCY INC CONTACT NAME: FAX (A/C, No): (978) 887-2404 PO BOX 457 PHONE (A/C, No. Ext): (978) 887-4900 TOPSFIELD, MA 01915 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance DEIULIS BROTHERS CONSTRUCTION CO INC 31 COLLINS ST TERRACE INSURER 8 : INSURER C: LYNN MA 01902 INSURER D: INSURER E INSURER F : REVISION NUMBER: CERTIFICATE NUMBER: 12222958 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, COVERAGES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE POLICY NUMBER FACH OCCURRENCE GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) CLAIMS-MADE OCCUR PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG GENT AGGREGATE LIMIT APPLIES PER: PRO-JECT POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) SCHEDULED ALL OWNED AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) AUTOS HIRED AUTOS EACH OCCURRENCE HMBRELLA LIAB AGGREGATE EXCESS LIAB CLAIMS-MADE RETENTION \$. DED. WC STATU/ TORY LIMITS 1/1/2012 1/1/2013 WORKERS COMPENSATION AND EMPLOYERS LIABILITY WC2-31S-383881-012 1000000 YIN E.L. EACH ACCIDENT ANY PROPRIETORIPARTNERIEXECUTIVE N N/A E.L. DISEASE - EA EMPLOYEE \$ 1000000 1000000 E.L. DISEASE - POLICY LIMIT \$ If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atlach ACORD 101, Additional Remarks Schedule, if more space is required) Workers compensation insurance coverage applies only to the workers compensation laws of the state MA. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. CITY OF SOMERVILLE 93 HIGHLAND AVENUE PURCHASING DEPT AUTHORIZED REPRESENTATIVE SOMERVILLE MA 02143 1. Jeffry Eldridge e en ence a proposition o segui de la compa

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Jeff Eldridge