



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

**BAYSTATE ENGINEERING CORP
330 HOPPING BROOK RD
HOLLISTON, MA 01746**

License #: **935**

Fee: **250.00**

Account ID: **744**

Reference #: **935**

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: BAYSTATE ENGINEERING CORP Business Location: OUT OF AREA Business Phone: 508-893-8931	
License Holder: BAYSTATE ENGINEERING CORP 330 HOPPING BROOK RD HOLLISTON, MA 01746 508-893-8931	
Mailing Address: BAYSTATE ENGINEERING CORP 330 HOPPING BROOK RD HOLLISTON, MA 01746	
Business Type: CORPORATION (INC. LLC) PRESIDENT - RICHARD GORDON SECRETARY - RICHARD GORDON TREASURER - RICHARD GORDON	
FID: 260890571	
Food Manager/Emergency Contact: RICH GORDON 617-719-2884	

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: Richard Gordon Date: 7/8/13
Print Name: Richard Gordon Phone: (508) 893-8931



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61318511 briefly described as DRAIN LAYER CITY OF SOMERVILLE,
for BAYSTATE ENGINEERING CORP.,
as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 03, 2013, and ending April 03, 2014, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 27 day of February, 2013.

WESTERN SURETY COMPANY

By

Paul T. Brumat, Vice President



THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

*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: Baystate Engineering Corp
Address: 330 Hopping Brook Road
City: Holliston State: MA Zip: 01746 Phone #: (508) 893-8931
☒ I am an employer with 31 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: Charter Oak Fire Insurance / C/O Travelers Indemnity Co.
Address: 1 Tower Square
City: Hartford State: CT Zip: 06183 Phone #: (781) 817-8370
Policy #: XOUB8186Y43012 Expiration Date: 11/1/2013

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 pains and penalties of perjury that the information provided above is true and correct.

Signature: Richard Gordon Date: 7/8/13
Print Name: Richard Gordon

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 _____



BAYSENG-01

MTMULLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2013

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 Corcoran & Havlin Insurance 287 Linden Street P O Box 9011 Wellesley, MA 02482	CONTACT NAME: Mary Mullin	
	PHONE (A/C, No, Ext): (781) 235-3100 FAX (A/C, No): (781) 235-7190	
	E-MAIL ADDRESS: MMullin@chinsurance.com	
INSURED Baystate Engineering Corp. 330 Hopping Brook Road 330 Hopping Brook Road Holliston, MA 01746	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Indemnity Company	25658
	INSURER B: Charter Oak Fire Insurance Company	25615
	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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	8821X552	5/1/2013	5/1/2014	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000	
	<input checked="" type="checkbox"/> Contractual Liab.					PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY		BA8827X568	5/1/2013	5/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	CUP1A219722	5/1/2013	5/1/2014	EACH OCCURRENCE \$ 4,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$					AGGREGATE \$ 4,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	XOUB8186Y43012	11/1/2012	11/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					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	
B	Equip Fir Ded \$1K		6601A728368	5/1/2013	5/1/2014	Sched. Equip. 1,949,314	
B	Equipment Floater		6601A728368	5/1/2013	5/1/2014	Leased Equip 250,000	

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

Re: Job at Self Storage Facility, 50 Middlesex Ave, Somerville, MA. City of Somerville is Additional Insured on General Liability Policy if required by contract.
***30 Days Canc (except 10 Days Non-Pay) Notice.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville 1 Franey Road Somerville, MA 02145	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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