



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

JASON ANTHONY CORP
PO BOX 460
BELMONT, MA 02478

License #: **684**

Fee: **250.00**

Account ID: **567**

Reference #: **684**

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: JASON ANTHONY CORP Business Location: OUT OF AREA Business Phone: 617-868-7204	
License Holder: JASON ANTHONY CORP PO BOX 460 BELMONT, MA 02478 617-868-7204	
Mailing Address: JASON ANTHONY CORP PO BOX 460 BELMONT, MA 02478	
Business Type: CORPORATION (INC. LLC) SECRETARY - CAROL PERINO PRESIDENT - JOHN PERINO TREASURER - JOHN PERINO	
FID: 043352554	
Food Manager/Emergency Contact: JOHN PERINO 617-438-7234	

2014 APR - 1 PM 12:36
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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: 3/7/14

Print Name: John Perino

Phone: 617) 868-7204 office
617) 438-7234 cell



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

CONTINUATION CERTIFICATE**Principal:**

Jason Anthony Corp.

82 Trowbridge Street

Belmont

MA 02478

Obligee:

City of Somerville

93 Highland Avenue

Somerville

MA 02143

Bond No.: BLN1703463**Date:** October 16, 2013**Continuation Term:** Drainlayer Permit Bond**From:** November 14, 2013 **To:** November 14, 2014**Agent:**

Marketing Associates Insurance Agency, Inc.

150 Wells Avenue

Newton, MA 02459-3302

Bond Amount: \$ \$10,000.00**Premium:** \$ \$100.00

It is hereby agreed that the above referenced captioned numbered Bond issued by The Hanover Insurance Company (hereinafter the "Surety") is continued in force in the above amount for the Continuation Term period of the continued term stated above, and is subject to all the covenants and conditions of said Bond.

This Continuation Certificate shall be deemed a part of the original Bond, and not a separate 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.

Surety's liability under said Bond and for all continuation certificates issued in connection therewith shall not be cumulative and shall in no event shall the liability of the Surety exceed the amount as set forth in the Bond or in any additions, riders, or endorsements properly issued by the Surety as supplements thereto.

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

The Hanover Insurance Company

By: 

Attorney-In-Fact

CC: 3201274



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: Jason Anthony Corp.
Address: PO BOX 460
City: Belmont State: MA Zip: 02478 Phone #: 617 868 7204

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIG
Address: 22227 Network Place
City: Chicago State: IL Zip: 60623 Phone #: _____
Policy #: WC 6575756 Expiration Date: 4/2014

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: [Signature] Date: 3/7/14

Print Name: John Perino

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/10'4

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 Stephen G. Gutro, LIA P.O. Box 514 Marlborough, Ma. 01752	CONTACT NAME: Stephen G. Gutro, LIA PHONE (A/C, No, Ext): 617-697-4406 E-MAIL ADDRESS: GUTRO.LIA@gmail.com FAX (A/C, No): 508-786-5989																					
INSURED Jason Anthony Corp P.O. Box 460 Belmont, Ma. 02478-0000	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>Commerce and Industry Insurance Company * PMC</td><td></td></tr> <tr> <td>INSURER B:</td><td>Harleysville Insurance Company * Marketing Assoc</td><td></td></tr> <tr> <td>INSURER C:</td><td>Pilgrim Insurance Company* Commonwealth Ins.</td><td></td></tr> <tr> <td>INSURER D:</td><td>Scottsdale Writing Company</td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Commerce and Industry Insurance Company * PMC		INSURER B:	Harleysville Insurance Company * Marketing Assoc		INSURER C:	Pilgrim Insurance Company* Commonwealth Ins.		INSURER D:	Scottsdale Writing Company		INSURER E:			INSURER F:		
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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	YVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY			SPP00000036582K	02/25/2014	02/25/2015	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5000
	<input type="checkbox"/>						PERSONAL & AUTO INJURY \$ 1,000,000
C	AUTOMOBILE LIABILITY			PGC 00001017326	08/17/2013	08/17/2014	GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMPOF AGG \$ 4,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						
	<input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1000,000
D	UMBRELLA LIAB			XLS00921 54	03/01/2014	02/25/2015	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> OCCUR						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> CLAIMS-MADE						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC8575756	04/13/2013	04/13/2014	EACH OCCURRENCE \$ 3,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				AGGREGATE \$ 3,000,000
		N	N				

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

Contracting, including excavation, plumbing, landscaping and related operations.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville Department of Public Works 93 Highland Avenue Somerville, Msa. 02143	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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ACORD 25 (2010/05)

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