



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

2016 FEB 24 A 11:51

Application to Renew Drain Layer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

JR & Sons Construction, Inc.
4 Hallberg Park
N. Reading MA 01864

License #: BL15-001149
File #: 15-005709
Fee: 275

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: JR & Sons Construction Business Location: 13 first St. Business Phone: 781-844-8121	→ 4 Hallberg Park N. Reading, MA 01864
License Holder: JR & Sons Construction, Inc. 4 Hallberg Park N. Reading MA 01864	
Mailing Address: JR & Sons Construction, Inc. 4 Hallberg Park N. Reading MA 01864	
Business Type: Corporation John V. Russo Stephen Russo John S. Russo	
FID: 043530380	
Emergency Contact: Stephen Russo Phone: 781-953-7173	

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



Your last visit was Sat 09/12/2015 01:41 PM CDT

Confirmation

Payments made before 5pm (CDT) will be posted to your account the next business day. Payments made after 5pm (CDT) may not be posted to your account for up to two business days.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **CNASUR000316952**

Payment Details

Description CNA Surety
Bond/Policy

Payment Amount \$100.00

Payment Date 02/22/2016

Status SCHEDULED

Bond/Policy # 62352068

Writing Company 0601 - Western Surety Company

Payment Method

Bank Routing Number 011302603

Bank Name NORTHMARK BANK

Bank Account Number *1998

Bank Account Type Checking

Bank Account Category Business

Confirmation Email johnjr@jrandsonsconstruction.com

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com

Company#: 0601
Bond/Policy#: 62352068
Billing Date: 02/05/2016
Due Date: 04/06/2016

JR & SONS CONSTRUCTION, INC.
4 HALBERG PARK
NORTH READING, MA 01864

Premium: \$100.00

Amount Due: \$100.00

CNA Surety writes contract (bid and performance) bonds! Contact your agent listed below for more information on our contract bond program. We want your contract surety business! (Subject to underwriting & certain restrictions apply.)

Company#: 0601
Bond/Policy#: 62352068
Effective Date: 04/06/2016 Anniversary Date: 04/06/2017
Bond amount: \$10,000.00
Name: JR & SONS CONSTRUCTION, INC.
Description: MA DRAINLAYER CITY OF SOMERVILLE

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (781)237-6000
Agency Code: 20-17129

**Corcoran & Havlin Insurance
Group, Inc.
Attn: Virginia Handershan
P. O. Box 9011
Wellesley, MA 02482**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

CNA Surety

Company#: 0601
Bond/Policy#: 62352068 Effective Date: 04/06/2016
Name: JR & SONS CONSTRUCTION, INC.
Description: MA DRAINLAYER CITY OF SOMERVILLE
Written By: WESTERN SURETY COMPANY
Agency Code: 20-17129 Corcoran & Havlin Insurance

Amount Due: \$100.00

Check here if changes needed
and explain below.



Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 02017129000004062016 00601006235206800 00000001000003

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: J.R. and Sons Construction, Inc.
Address: 4 Hallberg Park
City: Needham State: MA Zip: 01864 Phone #: 978-664-0753
☒ I am an employer with 15 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: Zurich
Address: 2420 Lakemont Ave Ste 200
City: Orlando State: FL Zip: 32814 Phone #: 800-842-4271
Policy #: 08220B-2834026-2-15 Expiration Date: 7-6-16

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: 2-20-16

Print Name: John Russo

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 _____