

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00 _____

Date March 4, 2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded <u>3-4-11</u>
Amount Paid <u>\$250.00</u>

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: J. Marchese & Sons Inc. Phone: 617-389-4040

Business DBA Name (if applicable): _____

Address with Zip Code: 69 Norman Street Everett ma. 02149

Tax Identification Number: 04-275-9455 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): J. Marchese & Sons Inc.

Address with Zip Code: 69 Norman Street Everett ma. 02149

Property Owner Name: John Marchese Phone: 617-389-4040

Address with Zip Code: 69 Norman Street Everett ma 02149

Emergency Contact 1: Scott Karpinski Phone: 617-212-1515

Emergency Contact 2: Mike Marchese Phone: 617-212-0039

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed)

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2011 MAR - 4 A 11: 05
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date: 3/4/11
Print Name: John J. Marchese Phone: 617-389-4040

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature: [Signature] Date: 03.04.11

Bond

BOND NO. 08BSBAQ6138

Know All Men By These Presents,

That we, J MARCHESE & SONS, INC.
of PO BOX 27, EVERETT, MA 02149
and Hartford Casualty Insurance Company
under the laws of the State of Indiana
the City of Indianapolis
bound unto

as Principal,
, a corporation organized
, having its principal office in
, as Surety, are held and firmly

SOMERVILLE DEPARTMENT OF PUBLIC WORKS 1 FRANEY RD 1ST FLOOR, SOMERVILLE, MA 02145

in the sum of Five Thousand Dollars (\$ 5,000)
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 these presents.

Whereas, the above bounden Principal has been granted a

Drain Lyers Bond

**Now, Therefore, the Condition of this Obligation is Such, that if the above Principal shall indemnify and save
harmless the SOMERVILLE DEPARTMENT OF PUBLIC WORKS**

against loss to which the SOMERVILLE DEPARTMENT OF PUBLIC WORKS 1 FRANEY RD 1ST FLOOR, SOMERVILLE, MA 02145
may be subject by reason of said Principal's breach of any ordinance, rule or regulation relating to the above described
license or permit, then this obligation shall be null and void, otherwise to remain in full force and effect.

This obligation may be canceled by said Surety by giving thirty (30) days notice in writing of its intention so to do
to said

SOMERVILLE DEPARTMENT OF PUBLIC WORKS 1 FRANEY RD 1ST FLOOR, SOMERVILLE, MA 02145

and the said Surety shall be relieved of any further liability under this bond thirty (30) days after receipt of said notice
by the said

SOMERVILLE DEPARTMENT OF PUBLIC WORKS 1 FRANEY RD 1ST FLOOR, SOMERVILLE, MA 02145

No cause of action shall lie against the surety unless commenced within two years from the date the cause of action
accrues against the principal.

Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable
or paid, the surety's total limit of liability shall not be cumulative from year to year or period to period.

Signed, sealed and dated this 28th day of January 2011

Principal	
J MARCHESE & SONS, INC.	(Seal)
By:	(Seal)
Surety	
Hartford Casualty Insurance Company	
By:	(Seal)

Kaye M. Connelly

Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD
BOND, T-4

P.O. BOX 2103, 690 ASYLUM AVENUE
HARTFORD, CONNECTICUT 06113

call: 888-266-3488 or fax: 860-757-5835

Agency Code: 08-083460

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint **up to the amount of unlimited:**

*Edward F. Sennott, Peter F. Sennott, Kaye M. Connelly, Robert E. Sennott,
Audrey A. McMahon, Laurence R. Hall, Deborah L. Burns, Lee A. McNelly*
of Topsfield, MA

their true and lawful Attorney(s). In fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies, on January 22, 2004 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Scott Sadowsky

Scott Sadowsky, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Assistant Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 3rd day of March, 2008, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



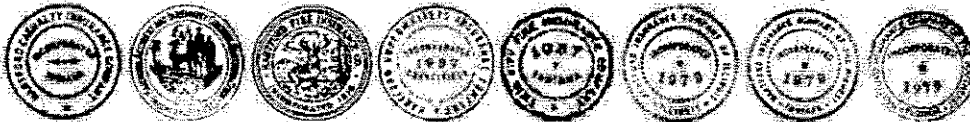
CERTIFICATE

Scott E. Paschke

Scott E. Paschke
Notary Public

My Commission Expires October 31, 2012

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of *1/28/11* Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Assistant Vice President

CERTIFICATE OF CORPORATE AUTHORITY

I, Mary Marchese, Clerk of
Name of Clerk or Secretary
J. Marchese & Sons INC hereby certify that,
Name of Corporation
 at a meeting of the Board of Directors of said Corporation duly held on the 18 day of
Date
January, 2011, at which a quorum was present and voting throughout, the following
Month Year
 vote was duly passed and is now in full force and effect:

VOTED: That John J. Marchese be and
Name of Officer authorized to sign for the Corporation
 hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
 sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
 other obligations of the Corporation, the execution of any such contract, bond or obligation by
 such John J. Marchese to be valid
Name of Officer authorized to sign for the Corporation
 and binding upon this Corporation for all purposes. This vote remains in full force and effect,
 and
 has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that John J. Marchese
Name of Officer authorized to sign for the Corporation
 is the duly elected President of said Corporation.
Title

Signed Mary Marchese
Clerk or Secretary
 Place of Business 69 Norman Street Everett, MA
 Date 3/4/11

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
 sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
 signed by another Officer of the Corporation.

Countersigned _____
 Name & Title of Countersigning Officer _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

J. Michele e Sousa Jr.

*Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

04-275-9455

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: J. Marchese & Sons Inc.
Address: 69 Norman St.
City: Everett State: MA Zip: 02149 Phone #: 617-389-4040

- I am an employer with 40 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: Ace Property & Casualty Ins.
Address: Dept Ch 14089
City: Palatine State: IL Zip: 60055 ⁴⁰⁸⁹ Phone #: 978-887-4900
Policy #: C46275147 Expiration Date: 4/1/2011

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: 3/9/11
Print Name: John J. Marchese

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 _____

(revised Jan. 2008)

PRODUCER 978.887.4900 FAX 978.887.2404
 Edward F. Sennott Insurance Agency, Inc.
 16 South Main Street
 P. O. Box 457
 Topsfield, MA 01983

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED J. Marchese & Sons, Inc., & JEM Realty Trust
 69 Norman St
 Everett, MA 02149

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: First Specialty Insurance	
INSURER B: Commerce Insurance	34754
INSURER C: Crum & Forster	
INSURER D: ACE Property & Casualty Ins	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	IRG97014	04/01/2010	04/01/2011	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B		AUTOMOBILE LIABILITY	10MMBCBHRK	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C		EXCESS / UMBRELLA LIABILITY	553-093-2846	04/01/2010	04/01/2011	EACH OCCURRENCE \$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				AGGREGATE \$ 5,000,000 \$ \$ \$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	C46275147	04/01/2010	04/01/2011	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below
		Y/N <input type="checkbox"/> OTHER				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Somerville is additional insured for liability only

*10 days cancellation for Non-payment and Workers Compensation.

CERTIFICATE HOLDER

City of Somerville
 Purchasing Department
 93 Highland Avenue
 Somerville, MA 02143

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 Peter Sennott/LA 