

IMPORTANT

Dear License Holder:

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 fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer

License Number: #191107

Business Name: Gallup Landscape Company Inc

Location: N/A

Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

| | |
|----------------------------------|--------------------------------------|
| The DBA Name of the Business: | GALLUP LANDSCAPE CO. INC |
| Somerville Address and Zip Code: | P.O. BOX 401033, CAMBRIDGE, MA 02140 |
| Phone Number of the Business: | 617-547-3127 |

| | |
|---|---------------------------------|
| The Legal Name of the License Holder: | GALLUP LANDSCAPE CO., INC. |
| Street Address of the License Holder: | P.O. BOX 401033 |
| City, State and Zip Code of the License Holder: | CAMBRIDGE, MA 02140 |
| Phone Number of the License Holder: | 617-547-3127 DANA CELL 708-4570 |
| Email Address of the License Holder: | GALLUPLAND @ GALLUPLAND.COM |

| | |
|----------------------------------|-----------------------------|
| Where We Should Send Mail: Name: | AS ABOVE |
| Street Address: | |
| City, State and Zip Code: | |
| Email: | GALLUPLAND @ GALLUPLAND.COM |
| Phone Number: | 617-547-3127 |

| | |
|---|------------|
| Federal ID # (Do Not Give a Social Security #): | 04-2701722 |
|---|------------|

| | |
|---|--------------------------|
| Emergency Contact and Phone (For Fire Dept. Use): | DANA GALLUP 617-547-3127 |
|---|--------------------------|

-OVER-

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%: _____

☒ Corporation (inc. LLC): Name of President: DANA T. GALLUP

Name of Secretary: CLARE M. GALLUP

Name of Treasurer: DANA T. GALLUP

Other (Attach a Description of the Form of Ownership and the Names of Owners)

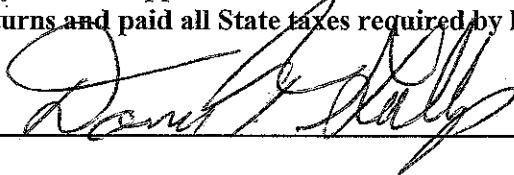
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-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: _____



Date

4/8/12



Effective Date: March 28th, 2011

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 24927124

That we, Gallup Landscape Company, Inc.

of the City of Cambridge, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of

Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Obligeé, in the penal

sum of Ten Thousand and 00/100 DOLLARS (\$10,000.00),
lawful money of the United States, to be paid to the Obligeé, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed Drainlayer

by the Obligeé.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
March 28th, 2014, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Obligeé and to the Principal at the address last known to the Surety, and at the expiration
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond, 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, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 28th day of March, 2011

Gallup Landscape Company, Inc.

Principal

Principal

WESTERN SURETY COMPANY

By

Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

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: GALLUP LANDSCAPE CO., INC.
Address: P.O. BOX 401033
City: CAMBRIDGE State: MA Zip: 02140 Phone #: 617-547-3127

- ☒ I am an employer with 10 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other CONTRACTING

Workers' compensation insurance information (if applicable):

Insurance Company Name: CERTIFICATE ATTACHED
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Dana T. Gallup Date: 4/8/12
Print Name: DANA T. GALLUP

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/01/2011

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
Fred C. Church, Inc.
41 Wellman Street
Lowell, MA 01851
(800) 225-1865

CONTACT NAME: Gail Cregg

PHONE (A/C, No, Ext): 978 3227266

FAX (A/C, No): (978) 454-1865

E-MAIL ADDRESS: gcregg@fredchurch.com

INSURED
Gallup Landscape Company, Inc.

PO Box 401033
Cambridge, MA 02140

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Casualty Insurance Company

29424

INSURER B: Phoenix Insurance Company.

25623

INSURER C: Travelers Indemnity Company

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 20347

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|----------|---------------|-------------------------|-------------------------|--|
| C | GENERAL LIABILITY | | | 6802111C58A | 11/30/2011 | 11/30/2012 | EACH OCCURRENCE |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY | | | BA8015C701 | 11/30/2011 | 11/30/2012 | GENERAL AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <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 | | | | | |
| | | | | | | | |
| C | UMBRELLA LIAB | | | CUP2591Y29A | 11/30/2011 | 11/30/2012 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000 | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 08WECLB2584 | 9/2/2011 | 9/2/2012 | |
| | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | N/A | | | | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

Insurance Evidence

CERTIFICATE HOLDER

City of Somerville
DPW - Engineering Dept
1 Franey Road
Somerville, MA 02145

CANCELLATION

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

Herman P. Laturnau

Client # 2285 Mst # 20347

Cert Holder # 36076

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ACORD 25 (2010/05)

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