

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3/17/2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3-24-10
Amount Paid 250.00

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

Business Name: James W. Flett Co., Inc. Phone: 617-484-8500

Business DBA Name (if applicable): _____

Address with Zip Code: 800 Pleasant Street Belmont, MA 02478

Tax Identification Number: 04-2349731 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): same

Address with Zip Code: _____

Property Owner Name: James W. Flett Business Trust Phone: _____

Address with Zip Code: same

Emergency Contact 1: Mark Murphy Phone: 617-908-2000

Emergency Contact 2: Bruce Flett Phone: 617-908-3003

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: Bruce W. Flett

Address with Zip Code: 800 Pleasant Street, Belmont, MA 02478

Partner's/Member's/Secretary's Name: James W. Flett III

Address with Zip Code: same

Partner's/Member's/Treasurer's Name: Bruce W. Flett

Address with Zip Code: same

CITY CLERK'S OFFICE
300 STATE STREET, 11TH FLOOR
BOSTON, MA 02109
2010 MAR 24 P 1:02

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: Mark Murphy Date: 3/17/2010
Print Name: Mark Murphy Phone: 617-484-8500

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature _____ Date _____

The Hanover Insurance Company

Bond # BLN1692129

**CONTINUATION CERTIFICATE
Bond**

**PRINCIPAL: JAMES W. FLETT CO., INC.
800 PLEASANT STREET
BELMONT, MA 02478**

**CONTINUATION EFFECTIVE DATE:
FROM: 07/11/2009 TO 07/11/2010**

OBLIGEE: CITY OF SOMERVILLE

**AGENT: MARKETING ASSOCIATES INSURANCE AGENCY, INC
150 WELLS AVENUE
NEWTON, MA 02459**

BOND AMOUNT: \$10,000

PREMIUM: \$100

IT IS HEREBY AGREED THAT THE CAPTIONED POLICY IS CONTINUED IN FORCE FOR THE POLICY PERIOD SHOWN ABOVE.

THIS CONTINUATION SHALL BE DEEMED A PART OF THE ORIGINAL POLICY AND SUBSEQUENT CHANGES, IF ANY, AND NOT A NEW OBLIGATION, NO MATTER HOW LONG THE POLICY HAS BEEN IN FORCE OR HOW MANY PREMIUMS ARE PAID FOR THE POLICY, UNLESS OTHERWISE PROVIDED FOR BY STATUTE OR APPLICABLE REGULATION.

IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS INSTRUMENT TO BE DULY SIGNED, SEALED AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE."

HANOVER INSURANCE COMPANY

BY: *Terrell Williams*
TERRELL WILLIAMS ATTORNEY-IN-FACT



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: James W. Flett Co., Inc.

Address: 800 Pleasant Street

City: Belmont State: MA Zip: 02478 Phone #: 617-484-8500

- I am an employer with _____ employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____
- 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: see 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: Mark Murphy Date: 3/17/2010

Print Name: Mark Murphy, Vice President

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)
3/17/2010

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 The Driscoll Agency, Inc. 93 Longwater Circle P.O. Box 9120 Norwell MA 02061	CONTACT NAME:	
	PHONE (A/C No. Ext): 781-681-6656	FAX (A/C No): 781-681-6686
	E-MAIL ADDRESS: jbd@driscollagency.com	
	PRODUCER CUSTOMER ID #: 3214	
INSURED James W. Flett Company, Inc. 800 Pleasant St. Belmont MA 02478	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Old Republic General Ins Corp	NAIC #
	INSURER B: Everest National Insurance Co	
	INSURER C: Peerless Insurance Company	24198
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1673290239

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			A2CG94041001	1/1/2010	1/1/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			A2CA94041001	1/1/2010	1/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0			71C8000188-101	1/1/2010	1/1/2011	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	A2CW94041001	1/1/2010	1/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER Blkt w.o.s. E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Contractors Equipment			IM8606903	1/1/2010	1/1/2011	Lease/Rent Per Item 150000 Scheduled Equip On File W/Ins Co Unsched Equip 225000

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

CERTIFICATE HOLDER**CANCELLATION 30**

City of Somerville
City Hall
93 Highland Avenue
Somerville MA 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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