

## APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

2011 APR -6

P 1:33

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

4/6/11 - ms

Date

4/1/11

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Amount Paid

\$250.00

ck # 70640

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: E.B. Rotondi & Sons Inc. Phone: 781-438-5005

Applicant's Address (with Zip Code): 21 Marison St Stoneham MA 02180

Applicant's Email Address: rbq@ebrotondi.com

Applicant's Federal Employer Identification Number: 04-2643937

Business DBA Name (if applicable): \_\_\_\_\_

Business Location (with Zip Code): Same as above

Mailing Name (where we should send correspondence to): E.B. Rotondi and Sons

Mailing Address (with Zip Code): 21 Marison St Stoneham MA 02180

Emergency Contact: Dennis Lawhorne Phone: 781-254-7534

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: A. Joseph Rotondi

Address with Zip Code: 8 Washington Ave Woburn MA 01801

Partner's/Member's/Secretary's Name: Michael J Rotondi

Address with Zip Code: 2 Bayakston Ave Winchester MA 01890

Partner's/Member's/Treasurer's Name: Richard B. Gallagher

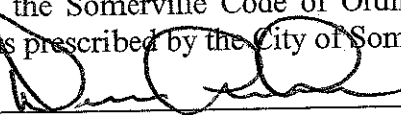
Address with Zip Code: 29 Fessenden Rd Arlington MA 02476

Attach a Drain Layers Bond in the amount of \$10,000.

**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:



Date:

3/1/2011

Print Name:

Dennis Lawhorne

Phone:

781-254-7534

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be: ☐ Approved ☐ Denied

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**CONTINUATION CERTIFICATE**

**NAMED INSURED:**

**E B Rotondi & Sons, Inc.**

21 Manison street  
Stoneham, MA 02180

**Bond No. BLN-8869780**

**CONTINUATION EFFECTIVE DATE:**

**FROM:** July 7 2010 -- 2011

**OBLIGEE:**

City of Somerville  
1 Franey Road  
Somerville, MA 02143

**AGENT:**

Saltmarsh Insurance Agency  
751 Main Street  
Winchester, MA 01890

**BOND AMOUNT: \$10,000**

**PREMIUM: \$100.00**

**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 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, AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE".**

The Hanover Insurance Company



By: Kathleen McSweeney


Kathleen McSweeney Attorney-in-Fact

**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.

EB Rotondi + Sons Inc

\*Signature of Individual or Corporate Name (Mandatory)

 Treasurer

By: Corporate Officer (Mandatory, if a corporation)

01-2643937

\*\*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: EB Rotondi & Sons Inc  
Address: 21 Manson St  
City: Stoneham State: MA Zip: 02180 Phone #: 781 438 5005

- ☒ I am an employer with 50 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

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: AIM  
Address: 54 Third Ave  
City: Burlington State: MA Zip: 01803 Phone #: 781-270-8942  
Policy #: 8005831012008 Expiration Date: 4-11-12

**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: 4/4/2011  
Print Name: Richard B. Gallagher

*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

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/04/2011

PRODUCER 508.651.7700 FAX 508.655.8853 Eastern Insurance Group LLC - Main 233 West Central Street Natick, MA 01760		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 EB Rotondi & Sons Inc 21 Marison Street Stoneham, MA 02180-3111		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Excelsior Insurance Company	11045
		INSURER B: The Netherlands	24171
		INSURER C: Peerless Ins Co	24198
		INSURER D: Assoc Industries Mass Mutual	
		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	CBP8416666	04/08/2011	04/08/2012	EACH OCCURRENCE \$ 1,000,000
	<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) \$ 5,000
	<input checked="" type="checkbox"/>	XCU INCLUDED				PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
B		AUTOMOBILE LIABILITY	BA8417066	04/08/2011	04/08/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/>	HIRED AUTOS					
<input checked="" type="checkbox"/>	NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
C		EXCESS / UMBRELLA LIABILITY	CU8417166	04/08/2011	04/08/2012	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/>	DEDUCTIBLE				\$
	<input checked="" type="checkbox"/>	RETENTION \$ 10,000				\$
						\$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WMZ8005831012011	04/08/2011	04/08/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT \$ 500,000
	<input type="checkbox"/>	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
	<input type="checkbox"/>	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 CITY OF SOMERVILLE IS NAMED AS ADDITIONAL INSURED.

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF SOMERVILLE  
 DEPARTMENT OF PUBLIC WORKS  
 1 FRANEY ROAD  
 SOMERVILLE, MA 02145

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

Rosemary Fulham/PMA

ACORD 25 (2009/01)

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