

#### CITY OF SOMERVILLE

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

## Application to Renew Drain Layer License

TASCON CORP DO BOX 850527
BRAINTREE MA 02185

License #:

BL15-001120

File #:

15-888

Fee:

250

Review and update the information below. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. 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: TASCON CORP Business Location: 0 OUT OF AREA Business Phone: 781-848-5585	
License Holder: TASCON CORP PO BOX 850527 BRAINTREE MA 02185	
Mailing Address: TASCON CORP PO BOX 850527 BRAINTREE MA 02185	
Business Type: Corporation JOHN TASSINARI JOHN TASSINARI JOHN TASSINARI	
FID: 043101442	
Emergency Contact: JOHN TASSINARI Phone: 781-760-0058	

**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 regulations set forth in this manual.

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 BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature

CK 1955 inari Phone: 181-848-5585 PSCORCOPPEGMEIL. Com

# **CITY OF SOMERVILLE**

### SOMERVILLE • MASSACHUSETTS 02145 DPW - ENGINEERING DEPARTMENT 1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR PHONE: 617-625-6600 • FAX: 617-625-4454

#### January 2015

Dear Licensed Drainlayers,

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.

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

I hereby certify that I am familiar with the rules and regulations set forth in the City of

Signed,

Somerville DPW – Engineering Department

Somerville Permit Manual and I further attest that I will work in conformance with said rules
and regulations.
Name: John S/955119012 Date: 8-11-15
Signature: Ach Vanguer Title: Ages Tosem Cerp
Company Tascon Corporation

# 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: / Scow	Corpora	lan				
Address:			44			
City:	State:	Zip:	Phone #:			
I am an employer with (full and/or part time).  I am a sole proprietor or partnemployees.  We are a corporation that has exemption per c152 s1(4), and we are a nonprofit organization volunteers and have no emplo	ership and have no exercised our right of I have no employees. on staffed by	Restau Office Nonp Entert Manu Healtl	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other			
Workers' compensation insura	nce information (if applica	ble):				
Insurance Company Name:	Jogers GV	c				
Address:						
City:	State:	Zip:	Phone #:			
Policy #:			Expiration Date:			
Applicant certification:						
Failure to secure coverage as requ to \$1,500.00 and/or one years' in \$100.00 a day against me. I under for coverage verification.	nprisonment as well as civil	penalties in the form	of a STOP WORK ORDER an	nd a fine of		
I do hereby certify under the pain	s and penalties of perjury tha	at the information pro	vided above is true and correct.			
Signature: with kee	smar		Date: _ 8 - // -/ S	5		
Print Name: John	5 Tassma	v.				
Official u	se only. Do not write in this ar	ea. To be completed by	city or town official.			
City or Town:			☐ Building Dep☐ City/Town Cl☐ Licensing Bo☐ Selectmen's C	eartment erk ard Office		
Contact Person:						

(revised Jan. 2008)

TASCCOR-01

KESTANO

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2015

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).

certificate floider in fied of such endorsement(s).						
PRODUCER	CONTACT Kelly Estano, AAI, CISR	CONTACT Kelly Estano, AAI, CISR				
Rogers & Gray Insurance Agency, Inc.	PHONE FAX (A/C, No, Ext): (A/C, No	No): (877) 816-2156				
434 Rte 134 South Dennis, MA 02660	E-MAIL ADDRESS: kestano@rogersgray.com					
**	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: James River Insurance Company					
INSURED	INSURER B : Safety Insurance Company	39454				
Tascon Corporation, Inc	INSURER C: Merchants Mutual Insurance Compai	ny				
PO Box 850527	INSURER D: Associated Employers Insurance Co					
Braintree, MA 02185	INSURER E :					
	INSURER F:					

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAV	E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC
INDICATED.	NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION O	F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH

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 S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	3 303
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			00058373-1	06/28/2014	11/02/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
		300000000000000000000000000000000000000						MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	V'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				1		EMPLOYEE BENEFI	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO			5556037	11/02/2014	11/02/2015		\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		A0103						The state of the s	\$	
	х	UMBRELLA LIAB X OCCUR		-				EACH OCCURRENCE	\$	5,000,000
С		EXCESS LIAB CLAIMS-MADE			CUP0001250	05/01/2015	05/01/2016	AGGREGATE	\$	
		DED X RETENTIONS 0	1							\$
		RKERS COMPENSATION	/N N N/A			11/02/2014	11/02/2015	X PER OTH-		
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE		WCC5011453012014A	WCC5011453012014A			E.L. EACH ACCIDENT	\$	500,000
OFF (Ma	OFFI (Man	CER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

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

CERTIFICATE HOLDER	CANCELLATION

City of Somerville Attn: John Long 93 Highland Ave. 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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