



## CITY OF SOMERVILLE, MASSACHUSETTS

### CITY CLERK'S OFFICE

JOSEPH A. CURTATONE

MAYOR

JOHN J. LONG

City Clerk

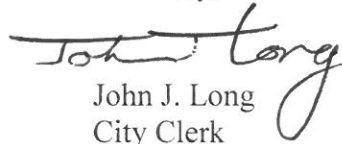
January 27, 2016

To Whom It May Concern:

Rodenhiser Excavating Inc. has requested a Drainlayer's License in the City of Somerville. Their services are required for work at 180 Somerville Avenue.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,



John J. Long  
City Clerk

Approved by President:

  
President William A. White Jr.

Approved by Committee on Licenses and Permits:

  
Chairman Dennis M. Sullivan

Approved by Ward Alderman:

  
Alderman Maryann M. Heuston

# APPLICATION FOR DRAIN LAYING

2016 JAN 27 A 9:06

Nonrefundable Application Fee \$275.00

Date 1/26/2016

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Rodenhiser Excavating Phone: 508-429-9553

Applicant's Federal Employer Identification Number: 04-3176907

Applicant's Legal Name: William Rodenhiser

Applicant's Address (with Zip Code): 70 Bartzak Drive, Holliston MA 01746

Mailing Name (where we should send correspondence to): Rodenhiser Excavating

Mailing Address (with Zip Code): 70 Bartzak Drive, Holliston MA 01746

Emergency Contact: William Rodenhiser Phone: 508-509-8830

Type of Business (Check Only One and Provide the Names Indicated):

☐ Sole Proprietor: Name of Owner: \_\_\_\_\_

☐ Partnership (inc. LLP): Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ Trust: Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ Corporation: Name of Corporation: Rodenhiser Excavating, Inc.

Name of President: William J Rodenhiser

Name of Secretary: Same Name of Treasurer: Same

☐ LLC: Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

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

Business (DBA) Name: Rodenhiser Excavating

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. 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.

Signature of Applicant: [Signature] Date: 1/26/2016

Print Name: William Rodenhiser Phone: 508-509-8830

### FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

### ENGINEERING DEPARTMENT RECOMMENDATION:

Fax letters of recommendation from three municipal references to the Engineering Department at 617 625-4454. After you've faxed the references, contact them at 617 625-6600 x5400 to arrange for the following sign-off.

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

Signature: [Signature] Date: January 27, 2016



Effective Date: January 26th, 2016

# Western Surety Company

## LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 62653326That we, Rodenhiser Excavating, Inc.

of Holliston, 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 Obligee, 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 Obligee, 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 Obligee.

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  
January 26th, 2017, 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 Obligee 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 26th day of January, 2016.

Rodenhiser Excavating, Inc.

Principal

Principal

WESTERN SURETY COMPANY

By

Paul T. Bruffat, Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY  
(Corporate Officer)

On this 26th day of January, 2016, before me, the undersigned officer, personally appeared Paul T. Bruflat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



*M. Bent*

Notary Public — South Dakota

My Commission Expires March 2, 2020

ACKNOWLEDGMENT OF PRINCIPAL  
(Individual or Partners)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the individual \_\_\_\_\_ described in and who executed the foregoing instrument and acknowledged to me that he \_\_\_\_\_ executed the same.

My commission expires \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

ACKNOWLEDGMENT OF PRINCIPAL  
(Corporate Officer)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_, who acknowledged himself/herself to be the \_\_\_\_\_ of \_\_\_\_\_, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

 Western Surety Company

License or Permit No. \_\_\_\_\_

LICENSE AND PERMIT  
BOND  
As

of \_\_\_\_\_

State of \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

Approved this \_\_\_\_\_

day of \_\_\_\_\_

# Western Surety Company

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,  
State of South Dakota, its regularly elected Vice President,  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Drainlayer City of Somerville

bond with bond number 62653326

for Rodenhiser Excavating, Inc.

as Principal in the penalty amount not to exceed: \$ 10,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its  
Vice President with the corporate seal affixed this 26th day of January,  
2016.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

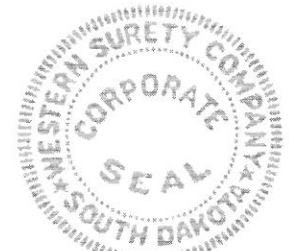
WESTERN SURETY COMPANY

By

Paul T. Bruflat

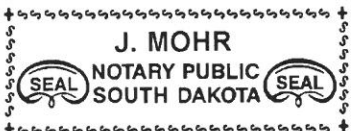
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss



On this 26th day of January, 2016, before me, a Notary Public, personally appeared  
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President  
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the  
voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

J. Mohr

Notary Public

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.





# 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

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.

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 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. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: William Rodenhuiser Date: 1/26/2016  
Signature: [Signature] Title: President  
Company: Rodenhuiser Excavating

**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: Rodenhiser Excavating  
Address: 76 Bartzak Drive  
City: Holliston State: MA Zip: 01746 Phone #: 508-429-9553

- ☒ I am an employer with 12 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 septic/drain

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

Insurance Company Name: Mackintire Insurance Agency  
Address: 11 West Main Street  
City: Westborough State: MA Zip: 01581 Phone #: 508-366-6060  
Policy #: BKS56029939 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: William Rodenhiser Date: 1/26/2016  
Print Name: William Rodenhiser

*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 #: \_\_\_\_\_

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/26/2016

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).

<b>PRODUCER</b> Mackintire Insurance Agency Inc 11 West Main Street  Westborough MA 01581-1931		<b>CONTACT</b> NAME: Melissa Pflug PHONE (A/C, No, Ext): (508) 366-6161 FAX (A/C, No): (508) 366-5202 E-MAIL: melissap@mackintire.com ADDRESS:	
<b>INSURED</b> Rodenhiser Excavating, Inc. 70 Bartzak Dr.  Holliston MA 01746		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Ohio Security INSURER B: Excelsior INSURER C: Travelers Indemnity Co. of Il INSURER D: Acadia Insurance Company INSURER E: INSURER F:	
		<b>NAIC #</b> 24082 11045	

## COVERAGES

CERTIFICATE NUMBER: 15-16 Master

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BKS56029939	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
	<input checked="" type="checkbox"/> XCU		MED EXP (Any one person) \$ 15,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PERSONAL & ADV INJURY \$ 1,000,000				
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<b>AUTOMOBILE LIABILITY</b>			BA 8789850	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> COLL	PROPERTY DAMAGE (Per accident) \$				
	<input checked="" type="checkbox"/> COMP		\$500 COMP/COLL DED			PIP-Basic \$ 8,000	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		USO56029939	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 5,000,000				
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000	\$				
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			UB-2E423774	6/30/2015	6/30/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>INSTALLATION FLOATER</b>			CIM5109533	7/1/2015	7/1/2016	LIMIT \$35,000
							DEDUCTIBLE \$500

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

## CERTIFICATE HOLDER

City of Somerville  
City Hall  
93 Highland Avenue  
Somerville, MA 02143

## 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

Timothy Moynagh/MEL

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