

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date

3/15/2010

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3/17/11 - MS

Amount Paid \$250.00 ck# 38713

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: SEAN FARRELL EXCAVATION INC Phone: 617-472-2020

Applicant's Address (with Zip Code): 53 Gilbert St Quincy MA 02169

Applicant's Email Address: PADDY@SEANFARRELL/EXCAVATION.COM

Applicant's Federal Employer Identification Number: 04-3518507

Business DBA Name (if applicable):

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to): SAME AS ABOVE

Mailing Address (with Zip Code):

Emergency Contact: SEAN FARRELL Phone: 617-293-7660

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: JOHN J. FARRELL

Address with Zip Code: 53 Gilbert St Quincy, MA 02169

Partner's/Member's/Secretary's Name: JOHN J. FARRELL

Address with Zip Code: SAME

Partner's/Member's/Treasurer's Name: JOHN J. FARRELL

Address with Zip Code: SAME

2011 MAR 17 PM 2:21
CITY CLERK'S OFFICE
SOMERVILLE, MA

AGENCY: 20-0111 Berry Insurance Agency Inc

CONTINUATION CERTIFICATE	BOND S-146868
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Principal:

Sean Farrell Excavation Inc
53 Gilbert St
Quincy, MA 02169

Obligee:

City of Somerville
City Hall
93 Highland Ave
Somerville MA 02143

Bond Term in Months: 12**Effective Date:** 5/11/2011**Expiration Date:** 5/11/2012**Penalty Amount:** \$10,000**Type of Bond:** License**Classification:** Drainlayer Automatic Renewals**Remarks:**

Drainlayer

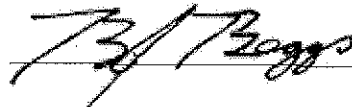
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

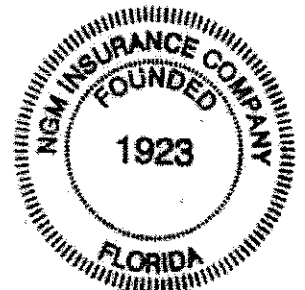
In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

MAIN STREET AMERICA ASSURANCE COMPANY
*formerly known as Main Street America Assurance Co.

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Agency Bill

**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.

SEAN FARRELL EXCAVATION, INC.

*Signature of Individual or Corporate Name (Mandatory)

SEAN FARRELL

By: Corporate Officer (Mandatory, if a corporation)

04-3518507

**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: Sean Farrell Excavation, Inc
Address: 53 Gilbert St
City: Quincy State: MA Zip: 02169 Phone #: 617-293-7660

- ☒ 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 Construction, Excavation

Workers' compensation insurance information (if applicable):

Insurance Company Name: Beary Insurance Agency Inc
Address: 9 Main St
City: Franklin State: MA Zip: 02038 Phone #: 508-440-2296
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: _____ Date: 3/15/2011
Print Name: John Farrell

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

OP ID: AK

DATE (MM/DD/YYYY)

09/08/10

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 Berry Insurance Agency 9 Main Street Franklin, MA 02038 Daniel P. Sullivan		800-824-5201 508-520-6914	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FARRE-1		FAX (A/C, No):
INSURED Sean Farrell Excavation Inc. 53 Gilbert Street Quincy, MA 02169			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A: Peerless Insurance		24198
			INSURER B:		
			INSURER C:		
			INSURER D:		
			INSURER E:		
			INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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 SUBR INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CBP3038150	04/27/10	04/27/11	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000	
		MED EXP (Any one person)				\$ 10,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
		GENERAL AGGREGATE				\$ 2,000,000	
					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <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		BA3038145	04/27/10	04/27/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		PROPERTY DAMAGE (Per accident)				\$	
						\$	
						\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		CU8778830	04/27/10	04/27/11	EACH OCCURRENCE	\$ 2,000,000
		AGGREGATE				\$ 2,000,000	
						\$	
						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A	4004201971	09/21/10	09/21/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT				\$ 500,000	
		E.L. DISEASE - EA EMPLOYEE				\$ 500,000	
		E.L. DISEASE - POLICY LIMIT				\$ 500,000	

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

Excavation Contractor

CERTIFICATE HOLDER**CANCELLATION****SOMERVI**

City of Somerville
City Hall
Fax# 617-666-9682
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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