

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

J.R. FENNELL L.P.
501 MASSACHUSETTS AVENUE 2ND FLOOR
CAMBRIDGE MA 02139

LIC #: 2011-080
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ Auto Body Work: ☐ Parking or Storing Vehicles: ☐
Washing Vehicles: ☐ Spray Painting: ☐ Operating a Tow Vehicle: ☐

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not
later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: J.R. FENNELL, LIMITED PARTNERSHIP #16 TEL: 617-876-8800
Company Address: 00092 -00094 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: _____ Gov't _____ Partner _____
Individual: _____ Co: _____ Corp: _____ Trust: _____ Agency _____ Ship ☒ Other _____
Owner Name: J.R. FENNELL L.P. TEL: 617-876-8800
Owner Address: 501 MASSACHUSETTS AVENUE 2ND FLOOR

Owner City: CAMBRIDGE State: MA Zip: 02139
FID#: 043132952

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 06:00 AM-06:00 PM
SATURDAY: 06:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-080
FEE: \$500.00

This is to certify: J.R. FENNELL L.P.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/08/1926

Garage situated at: 00092 -00094 PROSPECT ST
Doing business as : J.R. FENNELL, LIMITED PARTNERSHIP
Shall not exceed: 90 Vehicles Inside


in addition the following restrictions apply:

NO TOW TRUCKS ALLOWED ON OAK STREET & HOUGHTON STREET
TRANSFERRED TO PAT'S TOW SERVICE ON NOV. 30, 1992. TRANSFERRED 4/22/1996
PAT'S TOW VACATED PREMISES APRIL 1, 1994 TO 200 MCGRATH HWY 7/1/2005
24 HOURS ACCESS TO THE BUILDING FOR EMPLOYEE PARKING ONLY.
MO SPRAY PAINTING.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAR 29 AM 5:55

This renewal certificate must be signed by the holder of the license.

Check One: Owner _____ Occupant _____ Holder ☒



Signature of Applicant
c/o Odyssey Partners
501 Massachusetts Ave.

Address
Cambridge MA 02139

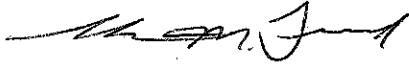
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: CK 8769
\$500.00
City Clerk

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-3132952

** 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: J.R. Fennell Limited Partnership

Address of taxpayer/applicant's business in Somerville: 92-94 prospect st

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-876-8800 evening: 617-876-8800

I, (print name) Kathleen M. Fennell, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 28 day of

March, 20 11. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

23701160 # 12509500 # 20051467 # _____

NOTES:

CLERK'S INITIALS: G

ORIGINAL STAMP:

Received
4-29-11



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: J.R. Fennell Limited Partnership
address: c/o Odyssey Partners 501 Massachusetts Ave.
city: Cambridge state: MA zip: 02139 phone #: 617-876-8800

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment.
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☒ I am an employer with 400 employees (full & part time). ☐ Other

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Quest Diagnostics
address: 915 Massachusetts Ave.
city: Cambridge, MA 02139 phone #: 617-847-8900

insurance co. Travelers Prop. Casualty Co of America policy # TC2548-26673523-TIL-10

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: phone #:

insurance co. policy #

company name:

address:

city: phone #:

insurance co. policy #

Attach additional sheet if necessary

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: Kathleen M. Fennell Date: 3/28/11

Print name: Kathleen M. Fennell Phone #: 617-876-8800

official use only do not write in this area to be completed by city or town official

city or town: permit/license # ☐ Building Department

☐ check if immediate response is required

- ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

contact person: phone #: (revised Sept. 2003)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2011

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 MARSH USA INC. ATTN: JANET T. NORMAN 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036		CONTACT NAME: PHONE: (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:	
37986 -MAIN-10-11 XXX 415		INSURER(S) AFFORDING COVERAGE	
INSURED QUEST DIAGNOSTICS INCORPORATED AND ITS WHOLLY OWNED SUBSIDIARIES 3 GIRALDA FARMS MADISON, NJ 07940		INSURER A: Quest Diagnostics Incorporated INSURER B: Travelers Prop. Casualty Co. Of America INSURER C: The Travelers Indemnity Company INSURER D: Lexington Insurance Company INSURER E: INSURER F:	
		NAIC # 25674 19437	

COVERAGES**CERTIFICATE NUMBER:**

NYC-004466805-18

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 WYD	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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		\$2,000,000 SELF INSURED 'RETENTION'	12/31/2010	12/31/2011	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		TC2JCAP-266T3603-TIL-10	12/31/2010	12/31/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
D	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DEDUCTIBLE RETENTION \$		35650717	12/31/2010	12/31/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ \$
B	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 N N/A	TC2JU8-266T3523-TIL-10 (DED) TRKUB-266T3535-IND-10 (RETRO)	12/31/2010 12/31/2010	12/31/2011 12/31/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	PROFESSIONAL LIAB. CLAIMS MADE		SELF-INSURED RETENTION	12/31/2010	12/31/2011	\$5,000,000 (SIR)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
PROOF OF COVERAGE**CERTIFICATE HOLDER****CANCELLATION**

QUEST DIAGNOSTICS LLC, 415 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	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 of Marsh USA Inc. Maria Nicholson <i>Maria Nicholson</i>
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