

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Outdoor Parking
License Number: #191155
Business Name: Pat's Towing Inc
Location: 160-200 McGrath Hwy
Spaces: 340
Special Conditions (if any):

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	PAT'S TOWING, INC.	
Somerville Address and Zip Code:	160 McGRATH HIGHWAY	02143
Phone Number of the Business:	617-354-4000	

The Legal Name of the License Holder:	PAT'S TOWING, INC.	
Street Address of the License Holder:	160 McGRATH HIGHWAY	
City, State and Zip Code of the License Holder:	SOMERVILLE, MA 02143	
Phone Number of the License Holder:	617-354-4000	
Email Address of the License Holder:	RTORO@UNITEDROADTOWING.COM	

Where We Should Send Mail: Name:	PAT'S TOWING, INC. ATTN: ROBERT TORO	
Street Address:	160 McGRATH HIGHWAY	
City, State and Zip Code:	SOMERVILLE, MA 02143	
Email:	RTORO@UNITEDROADTOWING.COM	
Phone Number:	617-354-4000	

Federal ID # (Do Not Give a Social Security #):	27-0726964
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Emergency Contact and Phone (For Fire Dept. Use):	ROBERT TORO CELL 781-760-8824
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-OVER-

2012 APR 17 P 1.16
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: GERALD CORCORAN

Name of Secretary: MICHAEL J. MAHAR

Name of Treasurer: MICHAEL J. MAHAR

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

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

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

License Holder Signature: _____

Date

4-13-12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PAT'S TOWING, INC.

Address of taxpayer/applicant's business in Somerville: 160 MCGRATH HIGHWAY

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

Taxpayer/applicant's phone: day: 617-354-4000 evening: _____

I, (print name) MICHAEL J. MAHAR - SECRETARY 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 13th day of

APRIL, 2012. [Signature]
(Taxpayer's signature) SECRETARY

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: _____

113-a. 00002 # 146042041 # _____
113-a. 00003

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED

Libanows

4-17-12

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: PAT'S TOWING, INC.
Address: 160 MCGRATH HIGHWAY
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-354-4000

- ☒ I am an employer with 17 employees
(full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other VENUE TOWING

Workers' compensation insurance information (if applicable):

Insurance Company Name: ACE USA
Address: PO Box 25151
City: Lehigh Valley State: PA Zip: 18005 Phone #: 302-476-7286
Policy #: WC WLR046T730TA Expiration Date: 11-23-12

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: 4-13-12

Print Name: MICHAEL J. MAHAR - SECRETARY

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)
01/06/2012

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 Mesirow Insurance Services, Inc. Mackey Team 353 N. Clark Street, 10th Floor Chicago, IL 60654-4704		CONTACT NAME: Michelle Forté PHONE (A/C, No, Ext): 312 595-7165 FAX (A/C, No): 312 595-7163 E-MAIL ADDRESS: mforte@mesirrowfinancial.com															
INSURED Pat's Towing 160-200 McGrath Highway Somerville, MA 02143		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Ace American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: American Guarantee & Liability</td> <td>26247</td> </tr> <tr> <td>INSURER C: Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Ace American Insurance Company	22667	INSURER B: American Guarantee & Liability	26247	INSURER C: Lexington Insurance Company	19437	INSURER D:		INSURER E:		INSURER F:	
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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 INSR	SUBR 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 <input checked="" type="checkbox"/> \$250,000 Self Insured Retention GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			XSLG25534050	11/23/2011	11/23/2012	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/PROP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$250,000 Deductible			ISAH08691976	11/23/2011	11/23/2012	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			AUC914039805	11/23/2011	11/23/2012	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WLRC4677307A	11/23/2011	11/23/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Garage Liability			GARH0869199A	11/23/2011	11/23/2012	\$1MM Occ/\$1MM Agg
C	MT Cargo; On Hook			012944665	11/23/2011	11/23/2012	\$500,000 Occ/\$1MM Agg
C	Garagekeepers Lia			012944665	11/23/2011	11/23/2012	\$500,000 Occ/\$3MM Agg

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

City of Somerville is shown as an Additional insured on the General Liability policy where required by written contract and/or written agreement with a Named Insured.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville ATTN: Orazio DeLuca 93 Highland Avenue 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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