



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

2016 MAR 14 P 12:57

Application to Renew Drain Layer License

G. GREENE CONSTRUCTION CO., INC.
240 LINCOLN STREET
BOSTON MA 02134

License #: BL15-001126
File #: 15-895
Fee: 275

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. 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: G. GREENE CONSTRUCTION CO., INC. Business Location: 0 OUT OF AREA Business Phone: 617-782-1100	
License Holder: G. GREENE CONSTRUCTION CO., INC. 240 LINCOLN STREET BOSTON MA 02134	
Mailing Address: G. GREENE CONSTRUCTION CO., INC. 240 LINCOLN STREET BOSTON MA 02134	
Business Type: Corporation ROBERT GREENE THOMAS BETTLE ADRIA FERRAGAMO	
FID: 042969864	
Emergency Contact: PETER DESISTO Phone: 508-958-1450	

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"**



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 929604386 briefly described as DRAIN LAYER CITY OF SOMERVILLE,
for G. GREENE CONSTRUCTION COMPANY, INC,
as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning November 17, 2015, and ending November 17, 2016, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 19 day of August, 2015.



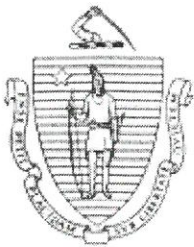
WESTERN SURETY COMPANY

By

Paul T. Bruhat

Paul T. Bruhat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): G. Greene Construction Co., Inc.

Address: 240 Lincoln Street, P.O. Box 160

City/State/Zip: Allston, MA 02134

Phone #: 617-782-1100

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input checked="" type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Insurance Company State of PA (an AIG company)

Policy # or Self-ins. Lic. #: WC 4990647 Expiration Date: 09/01/16

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 2/27/16

Phone #: 617-782-1100

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA
13889

AGENT NUMBER

0103217-00

POLICY NUMBER

WC 004-99-0647

082-02-0915-70

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA

ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

G. GREENE CONSTRUCTION COMPANY, INC.
240 LINCOLN STREET
ALLSTON, MA 02134-0000



An AIG company

EXECUTIVE OFFICES:

175 Water Street
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D# 918074627

PRODUCERS NAME AND ADDRESS

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

TDA, INC.
93 LONGWATER CIRCLE
PO BOX 9120
NORWELL, MA 02061-0000

INSURED IS
CORPORATION

PREVIOUS POLICY NUMBER

RENEWAL 004990647

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address FROM 09/01/15 TO 09/01/16																							
ITEM 3	<p>A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA RI</p> <p>B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. The limits of our liability under Part Two are:</p> <table border="0"> <tr> <td>Bodily Injury by Accident \$</td> <td>1,000,000</td> <td>each accident</td> </tr> <tr> <td>Bodily Injury by Disease \$</td> <td>1,000,000</td> <td>policy limit</td> </tr> <tr> <td>Bodily Injury by Disease \$</td> <td>1,000,000</td> <td>each employee</td> </tr> </table> <p>C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: AK AL AR AZ CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD MI MN MO MS MT NC NE NH NJ NM NV NY OK OR PA SC SD TN TX UT VA VT WI WV</p> <p>D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612</p>				Bodily Injury by Accident \$	1,000,000	each accident	Bodily Injury by Disease \$	1,000,000	policy limit	Bodily Injury by Disease \$	1,000,000	each employee											
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Bodily Injury by Disease \$	1,000,000	each employee																						
ITEM 4	<p>The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</p> <table border="1"> <thead> <tr> <th>Classifications</th> <th>Code Number</th> <th>Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year</th> <th>Rate Per \$100 OF Re- muneration</th> <th>Estimated Premium <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year</th> </tr> </thead> <tbody> <tr> <td>SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754 TAXES/ASSESSMENTS/SURCHARGES</td> <td></td> <td></td> <td></td> <td>\$15,499</td> </tr> <tr> <td>EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)</td> <td>\$338 MA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MINIMUM PREMIUM</td> <td>\$750 RI</td> <td colspan="2">TOTAL ESTIMATED ANNUAL PREMIUM</td> <td>\$264,134</td> </tr> </tbody> </table>				Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration	Estimated Premium <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754 TAXES/ASSESSMENTS/SURCHARGES				\$15,499	EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$338 MA				MINIMUM PREMIUM	\$750 RI	TOTAL ESTIMATED ANNUAL PREMIUM		\$264,134
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SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

TAXES/ASSESSMENTS/SURCHARGES

\$15,499

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)

\$338 MA

MINIMUM PREMIUM

\$750 RI

TOTAL ESTIMATED ANNUAL PREMIUM

\$264,134

If indicated below, interim adjustments of premium shall be made:

☐ Semi-Annually

☐ Quarterly

☐ Monthly

DEPOSIT PREMIUM

\$264,134

09/03/15 CHICAGO

02

Issue Date

Issuing Office

Authorized Representative

WC 00 00 01A

39967 (Rev'd 04/08)