

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date March 17, 2010

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>3-22-2010</u>
Amount Paid	<u>250 -</u>

New Application

Renewing Application with Additions or Changes *

Renewing Application with NO Additions or Changes

Business Name: M. J. Scully & Co., Inc. Phone: (978) 657-5655

Business DBA Name (if applicable): _____

Address with Zip Code: 314 Main St., Suite 201 Wilmington, MA 01887

Tax Identification Number: 04-3123590 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Elmer Florentino Phone: (978) 569-7465

Emergency Contact 2: Michael C. Scully Phone: (978) 690-3173

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: Kevin M. Scully

Address with Zip Code: 73 Chelsea St. Unit 306, Charlestown, MA 02129

* Partner's/Member's/Secretary's Name: Michael C. Scully

Address with Zip Code: 98 Greene St., North Andover, MA 01845

* Partner's/Member's/Treasurer's Name: Michael C. Scully

Address with Zip Code: 98 Greene St., North Andover, MA 01845

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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.

Signature of Applicant: *Kevin M. Scully* Date: March 17, 2010
Print Name: KEVIN M. Scully Phone: (978)657-5655

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature _____ Date _____

THE HANOVER INSURANCE COMPANIES

CONTINUATION CERTIFICATE

Principal: M.J. Scully Co., Inc.
314 Main Street
Wilmington, MA 01887

Bond No.: BLN8870312

Continuation Effective Date:
From: 7/22/09 **To:** 7/22/10

Obligee: City of Somerville

Agent:

Eastern States Insurance Agency, Inc
50 Prospect Street
Waltham, MA 02453

Bond Amount: \$10,000.00

Premium: \$100.00

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.

The aggregate liability of **THE HANOVER INSURANCE COMPANY** from the date of the issuance of said Bond to the date of the expiration of this certificate shall not exceed the sum written above.

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

By: Maria Plaisted
Maria Plaisted Attorney-In-Fact

**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.

M. J. Scully & Co., Inc.

*Signature of Individual or Corporate Name (Mandatory)

Ken M. Scully

By: Corporate Officer (Mandatory, if a corporation)

04-3123590

**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: M. J. Scully & Company, Inc.
Address: 314 MAIN STREET, Suite 201
City: Wilmington State: MA Zip: 01887 Phone #: (978) 657-5655

- I am an employer with 16 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: AM GAULD INSURANCE COMPANY
Address: 16 S. RIVER STREET
City: Wilkes Barre State: PA Zip: 18702 Phone #: 1.800.673.2465
Policy #: MJWCO 18991 Expiration Date: 5/17/10

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: March 17, 2010
Print Name: Kevin M. Scully

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

OFID PS
MJSCU-1DATE (MM/DD/YYYY)
02/26/10

PRODUCER Eastern States Insurance Agency, Inc. 50 Prospect Street Waltham MA 02453 Phone: 781-642-9000 Fax: 781-647-3670		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED M. J. Scully Co., Inc. 314 Main Street Wilmington MA 01887		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: St Paul Travelers	36131
		INSURER B: Travelers Property Casualty Co	25674
		INSURER C: AM Guard Insurance Company	31470
		INSURER D:	
		INSURER E:	

COVERAGES

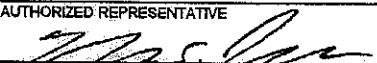
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CO464D0744	02/28/10	02/28/11	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100,000 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$2,000,000
B		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	810-464D0756	02/28/10	02/28/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
B		<input checked="" type="checkbox"/> Comp Ded \$1000 <input checked="" type="checkbox"/> Coll Ded \$1000	810-464D0756 810-464D0756	02/28/10 02/28/10	02/28/11 02/28/11	PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> RETENTION \$ \$10000	CUP464D0768	02/28/10	02/28/11	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	MJWC018991	05/17/09	05/17/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
A		Property	QT-660-3082-B901-TTL08	02/28/10	02/28/11	Per Prop 75,000
A		Inland Marine	QT-660-3082-B901-TTL08	02/28/10	02/28/11	Sch Equip 77,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

EVIDENC Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

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