



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW DRAIN LAYER LICENSE

M.J. SCULLY & COMPANY
314 MAIN ST #201
WILMINGTON, MA 01887

License #: **676**

Fee: **250.00**

Account ID: **559**

Reference #: **676**

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: M.J. SCULLY & COMPANY Business Location: OUT OF AREA Business Phone: 978-657-5655	
License Holder: M.J. SCULLY & COMPANY 314 MAIN ST #201 WILMINGTON, MA 01887 978-657-5655	
Mailing Address: M.J. SCULLY & COMPANY 314 MAIN ST #201 WILMINGTON, MA 01887	
Business Type: CORPORATION (INC. LLC) PRESIDENT - KEVIN SCULLY SECRETARY - MICHAEL SCULLY TREASURER - MICHAEL SCULLY	
FID: 043123590	
Food Manager/Emergency Contact: ELMER FLORENTINO 978-569-7465	

2014 MAR -7 A 8:59
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

Description of Location and/or Other Conditions:

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 BOARD OF ALDERMEN.

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

Signature: Michael C Scully Date: MARCH 03, 2014
Print Name: MICHAEL C Scully Phone: (978) 657-5655



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

Continuation Certificate

To: City of Somerville

Date: May 17, 2013

Somerville

MA

BOND INFORMATION:

Principal/Named Insured: M.J. Scully Co., Inc.
Address: 314 Main Street
City/State/Zip: Wilmington, MA 01887

Bond Number: BLN8870312
Type of Bond: Drainlayer Permit Bond
Bond Amount: \$10,000.00
Premium: \$100.00
Continuation Eff. Date: July 22, 2013
Continuation Exp. Date: July 22, 2014

It is hereby agreed that the captioned policy is continued in force for the policy period shown above.

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

In witness whereof, the company has caused this instrument to be duly signed, and dated as of the above "Continuation Eff. Date".

By: _____

Cc: **Agency Name:** Eastern States Insurance Agcy.
Address: 50 Prospect Street
City/State/Zip: Waltham, MA 02453-8509

Agency Code: 3201815

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: M.J. Scully's Co., 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: Transportation Insurance Company
Address: P.O. Box 8317
City: Chicago State: IL Zip: 60680-8317 Phone #: 800-262-6344
Policy #: 5091687079 Expiration Date: 5/17/14

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: 03/03/14

Print Name: MICHAEL C 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 _____



MJSCU-1

OP ID: AN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/20/13

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 Eastern States Insurance Agency, Inc. 50 Prospect Street Waltham, MA 02453 Mark D. Leskanic	781-642-9000	CONTACT NAME:	
	781-647-3670	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED M.J. Scully and Company, Inc. 314 Main Street Wilmington, MA 01887		INSURER A: National Fire Insurance Compan	20478
		INSURER B: Valley Forge Insurance Co	20508
		INSURER C: Continental Casualty Co	20443
		INSURER D: Transportation Insurance Co	20494
		INSURER E: Nautilus Insurance Company	17370
		INSURER F: Firemen's Insurance Company	21784

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	
B	GENERAL LIABILITY	X	X	5091687115	05/17/13	05/17/14	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	<input checked="" type="checkbox"/> Completed Ops						PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> G140331-D 01-13						GENERAL AGGREGATE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$	
A	AUTOMOBILE LIABILITY	X	X	5091687096	05/17/13	05/17/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						Comp/Coll \$ 1,000	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$ 5,000,000	
C	UMBRELLA LIAB	X	X	5091687101	05/17/13	05/17/14	AGGREGATE \$ 5,000,000	
	EXCESS LIAB						CLAIMS-MADE	
	DED <input checked="" type="checkbox"/>						RETENTION \$ 10,000	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	5091687079	05/17/13	05/17/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
	See Notepad For Add'l Policies						E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Somerville is additional insured on policies as indicated above.

CERTIFICATE HOLDER**CANCELLATION**

SOMER10

City of Somerville
50 Evergreen Ave.
Somerville, MA 02145

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