

# APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3/15/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3/25/11 - ms

Amount Paid \$250.00 ck# 1402

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: WELM Co.p. Phone: 508 866 2133

Applicant's Address (with Zip Code): 5 Park Ave Carver, MA 02330

Applicant's Email Address: ERIE @ WELM Co.p. . COM

Applicant's Federal Employer Identification Number: 27-3040632

Business DBA Name (if applicable):

Business Location (with Zip Code):

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

Mailing Address (with Zip Code):

Emergency Contact: ERIE Wendland Phone: 508 846 4840

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: Raymond C. Delmonico

Address with Zip Code: SAUPE

Partner's/Member's/Secretary's Name: ERIE Wendland

Address with Zip Code: SAUPE

Partner's/Member's/Treasurer's Name: Raymond C. Delmonico

Address with Zip Code: SAUPE

CITY CLERK'S OFFICE  
SOMERVILLE, MA

2011 MAR 25 A 9:20

## ACKNOWLEDGEMENT

Signature of Applicant:

Date: 3/15/11

Print Name: \_\_\_\_\_

Raymond C. DeLunicono

Phone: 508 866 2133

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:     Approved     Denied

Signature \_\_\_\_\_



# The Ohio Casualty Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

## BOND

Bond # **5098284**

KNOW ALL MEN BY THESE PRESENTS: That we  
NELM Corp.

5 Park Ave	Carver	MA	02330
Street Address	City	State	ZIP Code

(Full Name [top line] and Address [bottom line] of Principal)

(hereinafter called the Principal) as Principal, and, The Ohio Casualty Insurance Company with principal offices at  
Fairfield, Ohio (hereinafter called the Surety) as Surety, are held and firmly bound unto  
City of Somerville

City Hall, 93 Highland Ave	Somerville	MA	02143
Street Address	City	State	ZIP Code

(Full Name [top line] and Address [bottom line] of Principal)

(hereinafter called the Obligee), in the penal sum of

Ten Thousand & 00/100 (Dollars) \$ 10,000.00

for the payment of which well and truly to made, we do hereby bind ourselves, our heirs, executors, administrators, successors  
and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has made or is about to make application to the Obligee for a Permit for

Drain Laying

for a term beginning on 03/15/2011 and ending on\* 03/15/2012  
(\*strike out if license or permit is for an indefinite term)

NOW, THEREFORE, if the Principal shall indemnify the Obligee against any loss directly arising by reason of failure of said  
Principal to comply with the laws or ordinances under which said license or permit is granted, or any lawful rules or regulations  
pertaining thereto, then this obligation shall be void; otherwise to remain in full force and effect.

### PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS CONDITIONS:

1. This bond shall be and remain in full force during the term of said license or permit unless canceled in accordance with  
paragraph 2 below; but if said license or permit was issued for a specific term, and is renewed for one or more specific terms, this  
bond will be extended to cover such additional term(s) upon the execution by the Surety of a Continuation Certificate, provided  
such certificate is acceptable to the Obligee. In no event, however, shall the liability of the Surety be cumulative from year to  
year or from period to period, nor exceed the penal sum written in this first paragraph of this bond.
2. The Surety shall have the right to terminate its liability by notifying the Obligee in writing ten (10) days in advance of its  
intention to do so.

SIGNED, SEALED AND DATED March 15, 2011

NELM Corp.

By: 

The Ohio Casualty Insurance Company

By: 

Scott Casagrande

Attorney-in-Fact

THE OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY

Obligee: City of Somerville

Bond Number: 5098284

**Know All Men by These Presents:** THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company do hereby nominate, constitute and appoint: Scott Casagrande, Jan P. Casagrande, Todd A. Morse or James R. Hufnagle of Halifax, Massachusetts its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed **any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES**, not exceeding in any single instance **ONE MILLION (\$1,000,000.00) DOLLARS**, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon.

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this 18th day of September, 2007



*Sam Lawrence*

Sam Lawrence Assistant Secretary

STATE OF OHIO,  
COUNTY OF BUTLER

On this 18th day of September, 2007 before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Sam Lawrence, Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



*Cheryl S. Gregory*

Notary Public in and for County of Butler, State of Ohio  
My Commission expires August 5, 2012

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

**RESOLVED**, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company, American Fire and Casualty Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this 15th day of March 2011



*Mark E. Schmidt*

Mark E. Schmidt Assistant Secretary

**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.

NELM Corp

\*Signature of Individual or Corporate Name (Mandatory)

Ray Pres

By: Corporate Officer (Mandatory, if a corporation)

27-3040632

\*\*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: NELM Co. P  
Address: 5 Park Ave  
City: CARVER State: MA Zip: 01330 Phone #: 508 866 2133

- ☒ I am an employer with 8 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 Contractor

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Pecoloss Insurance Co  
Address: 62 Maple Ave  
City: KEENE State: NH Zip: 03431 Phone #: 603-358 4624  
Policy #: WC 3764900 Expiration Date: 06/15/11

**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: Raymond C. Delmonico Date: 3/15/11  
Print Name: Raymond C. Delmonico Pres.

*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 \_\_\_\_\_