

APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee \$250.00

Date 5/30/14

2014 MAY 20 4 58 PM
FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____
CITY CLERK'S OFFICE
SOMERVILLE, MA

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Ferrante Construction Phone: 781 760 0231

Applicant's Federal Employer Identification Number: 593779206

Applicant's Legal Name: Rosario Ferrante

Applicant's Address (with Zip Code): 274 North Rd Bedford MA 01730

Mailing Name (where we should send correspondence to): Rosario Ferrante

Mailing Address (with Zip Code): 274 North Rd Bedford, MA 01730

Emergency Contact: Rosario Ferrante Phone: 781 760 0231

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

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

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

☐ **Corporation:** Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: Ferrante Construction LLC

Names of All Managers Who Own More Than 10%: _____

Rosario Ferrante 100%

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

Business (DBA) Name: Ferrante Construction

Attach a Drain Layers Bond in the amount of \$10,000.

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. 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.

Signature of Applicant: [Signature] Date: 5/30/14

Print Name: Rosario Ferrante Phone: 781 760 0231

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☒ Approved ☐ Denied

Signature [Signature] Date 8/14/14

LICENSE OR PERMIT BOND

BOND NO. S-831869

KNOW ALL MEN BY THESE PRESENTS THAT WE,

Ferrante Construction, LLC of
274 North Road Bedford MA 01730 as Principal, and
NGM Insurance Company, a Florida corporation with its principal
office at 4601 Touchton Rd East Ste 3400 Jacksonville, FL 32245-6000, as Surety,
are held and firmly bound unto
City of Somerville

in the sum of Ten Thousand and 00/100 Dollars

(\$ 10,000.00), for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal has obtained, or shall obtain, a license or permit from the Obligee for
Street

at Somerville, MA for the term commencing on the 27th day of
May, 2014 and ending on the 27th day of May, 2015.

NOW, THEREFORE, if Principal shall faithfully observe and comply with all terms of the underlying license or permit, and all Ordinances, Rules and Regulations, and any Amendments thereto, applicable to the obligation of this bond, then this obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

The Surety may, if it shall so elect, cancel this bond by giving thirty (30) days written notice to the Obligee and the bond shall be deemed canceled at the expiration of said period; the Surety remaining liable, however subject to all the terms, conditions and provisions of this bond, for any act or acts covered which may have been committed by the Principal up to the date of such cancellation.

PROVIDED, HOWEVER, that this bond may be continued from year to year by certificate executed by the Surety hereon. Regardless of the number of years or terms this bond remains in effect, and regardless of the number and amount of claims that may be made, the maximum aggregate liability of the Surety is limited to the penal sum of the bond.

SIGNED, SEALED AND DATED on this 27th day of May, 2014.

Ferrante Construction, LLC

By 
Rosario Ferrante

NGM Insurance Company

By 
Thomas Murray Attorney-in-Fact



NGM INSURANCE COMPANY
A member of The Main Street America Group

POWER OF ATTORNEY

S-831869

KNOW ALL MEN BY THESE PRESENTS: That the NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"SECTION 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Thomas Murray its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed bond number S-831869 dated May 27, 2014, on behalf of **** Ferrante Construction, LLC **** in favor of City of Somerville for Ten Thousand and 00/100 Dollars (\$ 10,000.00) and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of the NGM Insurance Company; this act of said Attorney is hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such officer and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 20th day of March, 2013

NGM INSURANCE COMPANY By:

Bruce Fox

Bruce Fox
Vice President, General Counsel and Secretary



State of Florida,
County of Duval

On this 20th day of March, 2013 before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Bruce Fox of the NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me fully sworn, deposed and said that he is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal at Jacksonville, Florida this 20th day of March, 2013

Tasha Philpot



I, Brian J Beggs, Vice President of the NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in force and effect. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this 27 day of May, 2014

Brian J Beggs



WARNING: Any unauthorized reproduction or alteration of this document is prohibited.

TO CONFIRM VALIDITY of the attached bond please call 1-603-358-1343.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claim Dept. or call our Bond Claim Dept. at 1-603-358-1229.

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: Ferrante Construction
Address: 274 North rd
City: Bedford State: MA Zip: 01730 Phone #: 781 760 0231

- ☒ I am an employer with 0 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ace Group
Address: 150 Wells ave
City: Newton State: MA Zip: 02459 Phone #: 617 964 5340
Policy #: 6562UB-4576P21-1-14 Expiration Date: 5/25/15

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: 5/30/14

Print Name: _____

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 _____



FERRANTE CONSTRUCTION

274 NORTH ROAD
BEDFORD, MA 01730
TEL: 781-275-1629



to the
Engineering Dept.
City of Somerville

We are a new Applicant For a
Drain layers license.

Please find 3 letters of reference

Any Questions Please Call

Sonny Ferrante

781 - 760 - 0231



Department of Public Works – Wastewater Division
70 Letchworth Avenue, North Billerica, Massachusetts 01862
PH: (978) 671-0956 FAX: (978) 671-1305

Abdul Alkhatib, Director
Lorraine Sander, Superintendent
George Gullage, Supervisor/ Inspector

May 23, 2014

To whom it may Concern ,
(City of Somerville)

Please be advised that Ferrante Construction is a licensed drain layer in the town of Billerica, Massachusetts.

He has performed water and sanitary sewer installations according to the town of Billerica rules and regulations. All work has been done on a timely and professional manner. I would recommend Ferrante Construction for drain laying.

If you have any questions or concerns, please contact me at (978)671-0956.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Bolz".

Paul Bolz

Town of Billerica, Wastewater Division



CONCORD PUBLIC WORKS

Water/Sewer Division

135 Keyes Road
Concord, Massachusetts, 01742

TEL: 978-318-3250 FAX: 978-318-3204

September 11, 2013

Re: Ferrante Construction Co.
274 North Road
Bedford, MA 01730
Attn: William Mead

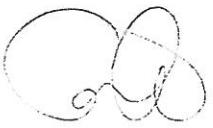
To Whom It May Concern:

Be advised that the above referenced firm is licensed as a drain layer in Concord. To qualify for a drain layer license within the Town of Concord, applicants are required to provide the following:

- 1) \$100 application fee.
- 2) Reference from at least one other town in which the firm has done water or sewer work or a current licensure as a drain layer in another Massachusetts city or town.
- 3) Certificates of Insurance including:
 - a) Insurance certificate naming the Town as an additional insured party.
 - b) Proof of Workers Compensation Insurance.
 - c) Proof of Automobile and other vehicle insurance.
- 4) Written acknowledgement that applicant has been provided with instruction as to service application process and applicable design and construction standards.

They have installed at least one water and or/sewer service in Concord in accordance with the design standards of the town, and Mr. Gustafson was working for the firm while they worked in town.

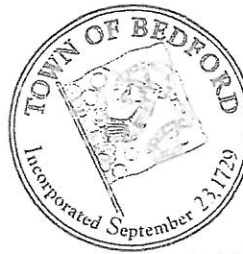
Sincerely,



Paul Cote

Assistant to the Water/Sewer Supt.

TOWN OF BEDFORD
DEPARTMENT OF PUBLIC WORKS



314 THE GREAT ROAD
BEDFORD, MASSACHUSETTS 01730

TEL: 781-275-7605
FAX: 781-275-9010

September 12, 2013

Thomas Carbone, Director of Public Health
Town of Andover
36 Bartlet Street
Andover, MA 01545

RE: William Mead, Ferrante Construction

Dear Mr. Carbone,

Please be advised that William Mead, Superintendent for Ferrante Construction, has performed site work in Bedford for several years. The company is bonded and insured as required by the Town and as such can perform water, sewer and drainage installations. I have personally inspected his work and any changes or corrections are promptly addressed. I recommend that he be approved to work in other communities.

Please contact me if you have any questions or need additional information.

Very truly yours,

Adrienne St. John
Public Works Engineer