

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3-10-2010

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>2010 APR 12 AM 11:43</u>
Amount Paid	<u>pu 250</u>

- New Application
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business Name: EB Rotondi + Sons Inc Phone: 781438 5005

Business DBA Name (if applicable): _____

Address with Zip Code: 21 Marison St Stoneham MA 02180

Tax Identification Number: 04-2643937 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): EB Rotondi + Sons Inc

Address with Zip Code: Same as above

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Dennis Lawhorne Phone: 781-254-7534

Emergency Contact 2: Larry Schofield Phone: 781-799-5911

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: A. Joseph Rotondi

Address with Zip Code: 8 Washington Ave Woburn MA 01801

Partner's/Member's/Secretary's Name: Michael J. Rotondi

Address with Zip Code: 2 Royalston Ave Winchester MA 01890

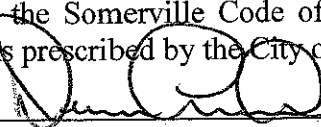
Partner's/Member's/Treasurer's Name: Richard B. Gallagher

Address with Zip Code: 29 Fessenden Road Arlington MA 02476

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:  Date: 3-26-10
Print Name: Dennis Lawhorne Phone: 781-254-7534

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature _____ Date _____

CONTINUATION CERTIFICATE

NAMED INSURED:

E B Rotondi & Sons, Inc.
21 Manson street
Stoneham, MA 02180

Bond No. BLN-8869780

CONTINUATION EFFECTIVE DATE:

FROM: July 7 2009 -- 2010

OBLIGEE:

City of Somerville
1 Franey Road
Somerville, MA 02143

AGENT:

Saltmarsh Insurance Agency
751 Main Street
Winchester, MA 01890

BOND AMOUNT: \$10,000

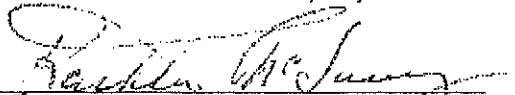
PREMIUM: \$100.00

IT IS HEREBY AGREED THAT THE CAPTIONED POLICY IS CONTINUED IN FORCE FOR TH EPOLICY 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 EFFECTIVE DATE".

The Hanover Insurance Company

By: 
Kathleen McSweeney 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.

E. B. ROTONDI + Sons Inc.

*Signature of Individual or Corporate Name (Mandatory)

Renaldi Treasurer

By: Corporate Officer (Mandatory, if a corporation)

04-2643937

**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: E. B. ROTONDI + Sons Inc.
Address: 21 Marison St
City: Stoneham State: MA Zip: 02180 Phone #: 781 438-5005

- I am an employer with 50 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 General Contracting

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM
Address: 54 Third St Ave
City: Burlington State: MA Zip: 01803 Phone #: 781-270-8942
Policy #: 8005831012008 Expiration Date: 4-11-10

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: 3/25/2010
Print Name: Richard B. Gallagher

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 _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2009

PRODUCER (800)333-7234 FAX (508)655-8853
 EASTERN INSURANCE GROUP LLC
 *233 WEST CENTRAL STREET
 NATICK, MA 01760

INSURED E B Rotondi & Sons Inc
 21 Manison Street
 Stoneham, MA 02180-3111

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Excelsior Insurance Company	11045
INSURER B: Peerless Ins Co	24198
INSURER C: Assoc Industries Mass Mutual	
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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CBP8416666	04/08/2009	04/08/2010	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA8417066	04/08/2009	04/08/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CU8417166	04/08/2009	04/08/2010	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WMZ8005831012009	04/11/2009	04/11/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER	CANCELLATION
CITY OF SOMERVILLE DEPARTMENT OF PUBLIC WORKS FRANEY ROAD SOMERVILLE, MA 02145	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Rosemary Fulham/PMA 