

#### CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

#### **Application to Renew Flammables License**

3E COMPANY/THE HOME DEPOT USA 3207 GREY HAWK COURT REGULATORY DEPT., SUITE 200 CARLSBAD CA 92010 License #:

BL15-000933

File #:

15-742

Fee:

550

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: 3E COMPANY/THE HOME DEPOT USA Business Location: 75 MYSTIC AVE Business Phone: 617-623-0001	The Home Depot #2467
License Holder: 3E COMPANY/THE HOME DEPOT USA 3207 GREY HAWK COURT REGULATORY DEPT., SUITE 200 CARLSBAD CA 92010	
Mailing Address: 3E COMPANY/THE HOME DEPOT USA 3207 GREY HAWK COURT REGULATORY DEPT., SUITE 200 CARLSBAD CA 92010	
Business Type: Corporation FRANK BLAKE DWAINE KIMMET JACK VANWOERKOM	
FID: 581853319	
Emergency Contact: DAVE CORSETTO Phone: 617-283-5565	
# of Gallons of Flammables to be Stored: 34136 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	Flan mable Combustible iguids - Retail, Store, use handle Mon-Sutibam-10pm Suh 8:00am-8pm

I hereby certify under the	penalties	of perjury that the following is true:
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-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: Jun Hung - Agent for The Home Dypot USA, Inc. Date: 4/13/15 30 S. X8370 A110

Printed Name: Jan King Phone: 760-602-8406107



# City of Somerville, Massachusetts Finance Department, Treasury Division

### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: The Home Depot #2667				
Address of taxpayer/applicant's business in Somerville: 75 Mystic Avenue, Somerville, MA 02145				
	(770) 433-8211 Corpor	e: 2455 Paces Ferry Rd., Atlant ate Office evening: (800) 451-8346		
I, (print name)  I, (pr				
, 20 [5. (Taxpayer's signature)  CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUGH	:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	□Water/Sewer	Personal Property	Other:	
# 10896	#6610240	CH	#	
NOTES:  CLERK'S INITIALS:	<u>U8</u>	ORIGINAL STAMP:	Banas	

# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

# Workers' Compensation Insurance Affidavit - General Businesses

			7. T.	2.5
Applicant information:				*
Name: The Home Depot #2667		· · · · · · · · · · · · · · · · · · ·		
Address: 75 Mystic Avenue	. *			<del></del>
City: Sommerville	State: MA	Zip: 02145	Phone #: (617) 62	23-0001
<ul> <li>✓ I am an employer with 247 employ (full and/or part time).</li> <li>☐ I am a sole proprietor or partnership a employees.</li> <li>☐ We are a corporation that has exercise exemption per c152 s1(4), and have n</li> <li>☐ We are a nonprofit organization staffer volunteers and have no employees.</li> </ul>	nd have no ed our right of o employees.		ng ·	ment auto, etc.)
Workers' compensation insurance info		ible):		
Insurance Company Name: Marsh USA,	Inc.			
Address: Two Aliance Center 3560 Ler	ox Rd. Suite 2400	)		
City: Atlanta	State: GA	Zip: 30326		
Policy #: WC017731493			Expiration Date:	3/1/16
Applicant certification:  Failure to secure coverage as required penalties of a fine up to \$1,500.00 and/o WORK ORDER and a fine of \$100.00 forwarded to the Office of Investigations	of the DIA for cove	e. I understand the crage verification.	at a copy of this	statement may be
I do hereby certify under the pains and pe				
Signature An Hung Agent for T	he Home Depot U	JSA, Inc.	Date: -4/13/15	
Print Name: Jan King -Agent for The Ho	ome Depot USA, I	nc.		·
Official use only. Do not  City or Town:	write in this area. I	To be completed by	city or town offici Boat	at. rd of Health
	Phone #:		City/ Lice Selec Othe	ding Department Town Clerk nsing Board ctmen's Office

(revised Jan. 2008)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2015

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).

certificate holder in lieu of such	n endorsement(s).	CONTACT	
PRODUCER MARSH USA, INC. TWO ALLIANCE CENTER		PHONE (A/C, No, Ext):	FAX (A/C, No):
3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326		ADDRESS:  INSURER(S) AFFORDING COVERAGE  INSURER A: Steadfast Insurance Company	NAIC # 26387
100492-HomeD-GAW*-15-16		INSURER B : Zurich American Insurance Co	16535
THE HOME DEPOT, INC.		INSURER C: New Hampshire Ins Co	23841
HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD, NW		INSURER D: Illinois National Insurance Company	23817
BUILDING C-20		INSURER E:	
ATLANTA, GA 30339		INSURER F:	
COVEDACES	CERTIFICATE NUMBER:	ATL-003149860-10 REVISION NU	MBER:3

COVERAGES

CERTIFICATE NUMBER:

ATL-003149860-10

REVISION NUMBER: 3

REVISION NUMBER:

	ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	ADDLISUBR	3		POLICY EXP (MM/DD/YYYY)		s	
NSR LTR		INSR WVD	GLO4887714-05		03/01/2016	EACH OCCURRENCE	\$	9,000,000
Α	GENERAL LIABILITY		GEO400771100	00.2	To Table Service Control	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
J	X COMMERCIAL GENERAL LIABILITY		LIMITS OF POLICY XS	V		MED EXP (Any one person)	\$	EXCLUDED
- 1	CLAIMS-MADE X OCCUR		OF SIR: \$1M PER OCC	'		PERSONAL & ADV INJURY	\$	9,000,000
-			Or GIV. GIMT EXCESS			GENERAL AGGREGATE	\$	9,000,000
1				'		PRODUCTS - COMP/OP AGG	\$	9,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
	X POLICY PRO- JECT LOC	+	BAP 2938863-12	03/01/2015	03/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
В	AUTOMOBILE LIABILITY		5/11/2005			BODILY INJURY (Per person)	\$	
	X ANY AUTO ALL OWNED SCHEDULED		SELF INSURED AUTO PHY DMG			BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS AUTOS			V .			\$	
	- INTERPRETATION OF THE PROPERTY OF THE PROPER	+				EACH OCCURRENCE	\$	
	UMBRELLA LIAB OCCUR	_				AGGREGATE	\$	
	EXCESS LIAB CLAIMS-MADE	4					\$	
	DED RETENTION \$ WORKERS COMPENSATION	+	WC017731493 (AOS)	03/01/2015	03/01/2016	X WC STATU- OTH- TORY LIMITS ER		4 000 0/
C	AND EMPLOYERS' LIABILITY Y/N		WC017731495 (AK, KY, NH, NJ, VT)	03/01/2015	03/01/2016	E.L. EACH ACCIDENT	\$	1,000,00
D	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	WC017731494 (FL)	03/01/2015	03/01/2016	E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
U	(Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below		Conitnued on Additional Page			E.L. DISEASE - POLICY LIMIT	\$	1,000,00
	DÉSCRIPTION OF OPERATIONS below	+						
i								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: ALL HOME DEPOT LOCATIONS

CERTIFICATE HOLDER	CANCELLATION
3E COMPANY 3207 GREY HAWK COURT, SUITE 200 CARLSBAD, CA 92010	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 of Marsh USA Inc.  Manashi Mukheriee Manashi Mukheriee

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