

#### CITY OF SOMERVILLE

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

2015 MAR 23 P 12: 57

#### Application to Renew Drain Layer License

CITY OLERK'S OFFICE License #: MERY BL 15-001118

File #:

15-886

Fee:

250

ANCHOR EXCAVATING CORP. 16 INDUSTRIAL WAY HANOVER MA 02339

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: ANCHOR EXCAVATING CORP. Business Location: 0 OUT OF AREA Business Phone: 781-871-9216	
License Holder: ANCHOR EXCAVATING CORP. 16 INDUSTRIAL WAY HANOVER MA 02339	
<b>Mailing Address:</b> ANCHOR EXCAVATING CORP. 16 INDUSTRIAL WAY HANOVER MA 02339	,
Business Type: Other STEPHEN VARRASSO STEPHEN VARRASSO STEPHEN VARRASSO	
FID: 043386144	
Emergency Contact: PETER VARRASSO Phone: 781-760-1912	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)
As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at http://www.somervillema.gov/departments/dpw/engineering. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

- 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: Signature:	Date: 3-17-15
Printed Name: Teter 1 Octro 280	Phone: 781-760-1912

## CITY OF SOMERVILLE P. 12: 57

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT, OLFFICE

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR SOMERVILLE, MA

PHONE: 617-625-6600 • FAX: 617-625-4454

#### January 2015

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Peter Garrasso	Date: 3-17-15
Signature:	Title: V,P
Company: Anchor Executing Co	970



INSURANCE COMPANIES

#### License Bond

KNOW ALL MEN BY THESE PRESENTS that we, Anchor Excavating Corp
as Principal,
and Great American Insurance Company , a corporation organized under the laws of the State of Ohio
as Surety, are held and firmly bound unto City of Somerville Deptartment of Public Works as Obligee,
in the sum of Ten Thousand Dollars (\$ 10,000.00)
lawful money of the United States of America, to be paid unto the said Obligee or its successors; for
which payment, well and truly to be made and done, we bind ourselves, our successors and assigns,
jointly and severally, firmly by these presents.
Signed, sealed and dated August 21 , 2014 .
WHEREAS, the said Principal now has or will be granted a license or permit to engage in the business of
Drain Layer
in the State of Massachusetts
NOW, THEREFORE, the condition of this obligation is such that if the said Principal shall faithfully comply with all laws, ordinances, rules and regulations pertaining to such License and Permit and shall indemnify and save harmless the Obligee from all loss or damage that the Obligee shall suffer by reason of the said Principal's failure to comply with said laws, ordinances, rules and regulations, then this obligation to be void; otherwise to remain in full force and effect.  PROVIDED, that the Surety may terminate its liability hereunder at any time by giving thirty (30) days written notice of such termination sent through the United States mail to the Obligee.
The term of this bond shall be from 08/21/2014 to 08/20/2015
but may be continued on a year to year basis by continuation certificate at the option of the Surety.    Anchor Excavating Corp
By: By: Terrence P. Smith, Attorney-in-Fact

F.9515D Printed in USA

# 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:			
	cavating Corp		
Address: 16 Inclus	trial way		
city: Hanover	State: MQ	Zip:02339 Phon	ne#: 781-871-9216X
(full and/or part time).  I am a sole proprietor or paemployees.  We are a corporation that he exemption per c152 s1(4),  We are a nonprofit organiz volunteers and have no em	rtnership and have no as exercised our right of and have no employees. ation staffed by	Restaurant/Bar/Eati	(real estate, auto, etc.)
Workers' compensation insu	rance information (if applic	able):	
Insurance Company Name:		surance	
Address: 400A Fr	anklin St.		
city: Braintree	State: MQ	Zip:OUSY Phon	e#: 781-843-7000
Policy#: WC7938	573	Expi	ration Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Applicant certification:			
Failure to secure coverage as	0.00 and/or one years' imprise of \$100.00 a day against m	e. I understand that a co	to the imposition of criminal enalties in the form of a STOP opp of this statement may be
do hereby certify under the pa	ins and penalties of perjury th	nat the information provid	ed above is true and correct.
Signature:	vol	Date:	-3-17-15
Print Name: Teter U	0222775		
2			
Official use on	ly. Do not write in this area.		r town official.
City or Town:		e #:	Board of Health Building Department City/Town Clerk Licensing Board
Contact Person:	Phone #:		Selectmen's Office Other

(revised Jan. 2008)



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/15

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).

	LOCHTAGE			
PRODUCER	CONTACT Paula Neves			
Twinbrook Insurance Agency	PHONE (A/C, No, Ext.): (781) 843-7000 FAX (A/C, No):			
400A Franklin Street	ADDRESS: Pneves@twinbrook.com			
Braintree, MA 02184	INSURER(S) AFFORDING COVERAGE NAIC #			
	INSURERA: Selective Insurance Co.			
INSURED	INSURER B:			
Patriot Equipment Corp.	INSURER C:			
Anchor Excavating 16 Industrial Way	INSURER D:			
	INSURER E:			
Hanover, MA 02339	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			

COVERAGES

CERTIFICATE 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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		S1917660	1/1/15	1/1/16	EACH OCCURRENCE \$ 1,000,000
^	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
1	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$ 10,000
1	35,000					PERSONAL & ADVINJURY \$ 1,000,000
İ						GENERAL AGGREGATE \$ 3,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG \$ 3,000,000
1	POLICY X PRO- LOC					\$
A	AUTOMOBILE LIABILITY		A9092751	1/1/15	1/1/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
"	ANY AUTO					BODILY INJURY (Per person) \$
1	ALLOWNED SCHEDULED					BODILY INJURY (Per accident) \$
1	X HIRED AUTOS X AUTOS NON-OWNED AUTOS					PROPERTY DAWAGE (Per accident) \$
	TI HIRED AUTOS					\$
A	X UMBRELLA LIAB X OCCUR		S1917660	1/1/15	1/1/16	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 2,000,000
1	DED RETENTION \$					\$
A	WORKERS COMPENSATION		WC7938573	1/1/15	1/1/16	X WC STATU- OTH- TORY LIMITS ER
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$ 1,000,000
	OFFICE R/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The City of Somerville is listed as Additional Insured in regards to the General Liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Somerville Department of Public Works 1 Franey Road 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
Section 2 and the section of the sec	Togoph Piggo/dg

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