

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 5/16/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5-17-2011

Amount Paid 250.00

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Gilbert Gaudet
Express Excavation Inc Phone: 978-262-9766

Applicant's Address (with Zip Code): 56 Sullivan Rd, Billerica, Ma, 01862

Applicant's Email Address: expressexcavation@gmail.com

Applicant's Federal Employer Identification Number: 04-3077614

Business DBA Name (if applicable): _____

Business Location (with Zip Code): _____

Mailing Name (where we should send correspondence to): above address

Mailing Address (with Zip Code): _____

Emergency Contact: Gilbert Gaudet Phone: 508-328-5507

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 if needed):

Partner's/Member's/President's Name: Gilbert Gaudet

Address with Zip Code: 24 Pardee Rd, Chelmsford, Ma 01824

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2011 MAY 17 AM 11:32
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

Signature of Applicant: Gilbert Gaudet Date: 5/16/11
Print Name: Gilbert Gaudet Phone: 508-328-5507

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

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

Signature Robert King 1552 Date 5/17/11

John Long

From: Robert King
Sent: Friday, May 13, 2011 4:05 PM
To: John Long
Cc: Pierre Belizaire
Subject: Drain layer application

Afternoon John-

Gilbert Gaudet of Express Excavation will be stopping in to fill out a drain layer application.

He has provided this office with references and they check out.

As I will be on vacation for the next two weeks, Pierre can sign this for me and attach this e-mail (if additional backup is necessary).

Gilbert may ask if there is a way to expedite the process. I'll defer to you on whether that can/should be done.

Thanks and have a nice weekend-
Rob

Robert T. King, PE, LEED AP
Director of Engineering
City of Somerville - DPW
1 Franey Road
Somerville, MA 02145
o: 617.625.6600 x5410
f: 617.625.4454



Please consider the environment before printing this e-mail



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, NJ 08843
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

DRAINLAYER PERMIT BOND

Bond No. BLN9143921

KNOW ALL MEN BY THESE PRESENTS, that we, Express Excavations, Inc.

of 56 Sullivan Road Billerica, MA 01862

as Principal, and ☒ The Hanover Insurance Company (A New Hampshire Corporation) ☐ Massachusetts Bay Insurance Company (A New Hampshire Corporation), as Surety, are held and firmly bound unto _____

City of Somerville

, as Obligee, in the penal sum of _____

Ten Thousand Dollars

, good and lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, and our heirs, executors, administrators, jointly and severally, firmly by these presents.

WHEREAS the said Principal has applied to said Obligee for a license to construct, connect or repair drains,

sewers or catch basins in said Town or City of Somerville

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if Principal shall faithfully observe and honestly comply with the provisions of all Laws or Ordinances of Obligee regulating the business for which license is issued, then this obligation shall be void; otherwise to be and remain in full force and virtue.

PROVIDED, THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the license, and renewals thereof, issued to the principal above named, or until ten days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and canceled; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

Signed, sealed and dated the 17th day of May, 2011.

Express Excavations, Inc.

Principal

By: 

(Seal)



☒ THE HANOVER INSURANCE COMPANY
☐ MASSACHUSETTS BAY INSURANCE COMPANY

By: 

Thomas D. Walsh,

Attorney-in-Fact

THE HANOVER INSURANCE COMPANY
 MASSACHUSETTS BAY INSURANCE COMPANY
 CITIZENS INSURANCE COMPANY OF AMERICA

POWERS OF ATTORNEY
 CERTIFIED COPY

KNOW ALL MEN BY THESE PRESENTS: That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, do hereby constitute and appoint

Thomas D. Walsh

of Belmont, MA

and each is a true and lawful Attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, or, if the following line be filled in, only within the area therein designated

any and all bonds, recognizances, undertakings, contracts of indemnity or other writings obligatory in the nature thereof, as follows:

Drainlayer Permit Bond

in the amount of \$10,000.00

and said companies hereby ratify and confirm all and whatsoever said Attorney(s)-in-fact may lawfully do in the premises by virtue of these presents. These appointments are made under and by authority of the following Resolution passed by the Board of Directors of said Companies which resolutions are still in effect:

"RESOLVED, That the President or any Vice President, in conjunction with any Assistant Vice President, be and they are hereby authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)



THE HANOVER INSURANCE COMPANY
 MASSACHUSETTS BAY INSURANCE COMPANY
 CITIZENS INSURANCE COMPANY OF AMERICA

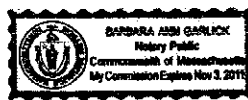
Mary Jeanne Anderson
 Mary Jeanne Anderson, Vice President

Robert K. Grennan
 Robert K. Grennan, Assistant Vice President

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by a Vice President and an Assistant Vice President, this 17th day of May 2011

THE COMMONWEALTH OF MASSACHUSETTS)
 COUNTY OF WORCESTER) ss.

On this 17th day of May 2011, before me came the above named Vice President and Assistant Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said inst



Barbara A. Garlick
 Notary Public

My commission expires on November 3, 2011

I, the undersigned Assistant Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America.

"RESOLVED, That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or any Vice President in conjunction with any Assistant Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 17th day of May 2011

THE HANOVER INSURANCE COMPANY
 MASSACHUSETTS BAY INSURANCE COMPANY
 CITIZENS INSURANCE COMPANY OF AMERICA

Stephen L. Brault
 Stephen L. Brault, Assistant Vice President

**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.

Gilbert Gaudet President

*Signature of Individual or Corporate Name (Mandatory)

Gilbert Gaudet President

By: Corporate Officer (Mandatory, if a corporation)

04-3077614

**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: Express Excavation Inc.

Address: 56 Sullivan Rd

City: Billerica

State: Ma

Zip: 01862

Phone #: 508-328-5507

☒ I am an employer with 3 employees (full and/or part time).

☐ I am a sole proprietor or partnership and have no employees.

☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.

☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type: ☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ Office and/or Sales (real estate, auto, etc.)

☐ Nonprofit

☐ Entertainment

☐ Manufacturing

☐ Health Care

☒ Other Excavating Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Associated Employers Ins. Co. / Sicot Walsh Ins. (Agent)

Address: Concord Ave.

City: Belmont

State: Ma

Zip: 02478

Phone #: 617-484-4114 (many)

Policy #: 500823P012011

Expiration Date: 5/6/12

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: Gilbert Gaudet Pres.

Date: 5/16/11

Print Name: Gilbert Gaudet Pres.

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

Contact Person: _____ Phone #: _____