

#### CITY OF SOMERVILLE

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

2016 MAR 16 A 9: 43

## Application to Renew Flammables License OFFICE

LUB-O-LINE INDUSTRIAL OIL CO., INC. 9 FLORENCE ST SOMERVILLE MA 02145

License #:

BL15-000529

File #:

15-429

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

CHANGES: (Note below or explain on a separate sheet)
6000 gal. 2-(3000) Tankers 5:00A.M2:P.M. M-F

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: non was Masten an	Date:	3/	//6/2016	
Printed Name: Norma Waterman	Phone:603	673	6061	



# City of Somerville, Massachusetts Finance Department, Treasury Division

#### **CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applic	ant's business:	Lub-O-Line I	ndustrial	OI. Co.Inc.		
Address of taxpayer/applicant	s business in Some	erville: 9 Flor	ence Stree	t		
Address of taxpayer/applicant'	s home in Somervi	ille: 50 Wa	1nut Hill	Rd. Amherst NH		
Taxpayer/applicant's phone: de	ay: 617 776	4489 evening:	603	673 6061		
I, (print name)  Normal hereby certify that all the infordue the City have been paid of and fees and is current on said	rmation contained r that the Taxpayer	herein is true and	correct and all	taxes and fees		
SIGNED UNDER THE PAIN	NS AND PENALT	TES OF PERJUR	Y, this	day of		
March	, 20 <u>12</u> .	Nonma (Taxpay	er's signature)	Z PROUZ		
CI	ΓΥ'S ACKNOV	VLEDGEMEN	T			
DATE OF ISSUANCE:	INCLUI	DES RELEVANT POSTIN	GS THROUGH:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
Real Estate	Water/Sewer	Personal Pro	perty [2	Other: Excise		
<del>#</del> 5730 #_	10807001	# 473				
NOTES: CLERK'S INITIALS:	UB_	ORIGINAL ST	CAMP:			

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

### Workers' Compensation Insurance Affidavit - General Business

Applicant information: Lub-O-Line Industrial Oil Co., Inc.
Name: Lub-O-Line Indistrial Oil Co., Inc.  Address: 9 Florence Street
City: Somerville State: MA Zip: 02145 617 776 4490
I am an employer with amployees
Workers' compensation insurance information (if applicable):
Insurance Company Name: Ace Group
Address: P.O. Box 3556
City: Orlando State: FL Zip32492 Phone #: 1 800 453 9843
Policy #: 4682P290-15 Expiration Date: 6/2/2016
Applicant certification orma Waterman
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: Donne Katerman Date: 3/ 2016
Print Name: Norma Waternan
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
Contact Person: Phone #: Phone #: Department City/Town Clerk Licensing Board Selectmen's Office Other

(revised Jan. 2008)





# WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE AR

INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (6\$62UB-4682P29-0-15)

RENEWAL OF (6S62UB-4682P29-0-14)

INSURER: ACE AMERICAN INSURANCE COMPANY

1.

NCCI CO CODE: 12165

INSURED:

LUB-O-LINE INDUSTRIAL OIL CO

INC

9 FLORENCE STREET

SOMERVILLE MA 02145-4306

PRODUCER:

BROWN & BROWN OF NEW

PO BOX 1510

MERRIMACK NH 03054

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

- 2. The policy period is from 06-02-15 to 06-02-16 12:01 A.M. at the insured's mailing address.
- 3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$

500000 Each Accident

Bodily Injury by Disease: \$

500000 Policy Limit

Bodily Injury by Disease: \$

500000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06B

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 05-21-15 WC

OFFICE: ORLANDO DA ACE 24M
PRODUCER: BROWN & BROWN OF NEW

ST ASSIGN: MA

020925

25NYR