APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
Date 4-1-1.3	Date Recorded 4/1//3 -MS Amount Paid \$ 250.00 class 1385
New Sign, Awning or Advertising Device	
New Facing on an Existing Frame	
Renewing Existing Sign, Awning or Advertisir	ng Device Permit for a New Owner
Business (DBA) Name: WHOLE Food 9	Phone:
Business Location (with Zip Code): 47 /	
Applicant's Legal Name: METRO SIGN	+ AuguiNG
Applicant's Address (with 7 in Code): 170	LORUM ST TEWKSBURY MAD
Applicant's Email Address: KEUINDE	METROSICAL ARET
	mber: METRO SIENT ANDERSONE
Mailing Name (where we should send corresponde	
Mailing Address (with Zip Code):	000 051 1124
Emergency Contact:	Phone: 978-851-2424 C=(1 918-430-95 P
Type of Business (Check one):Sole Propr	
Corporation	on (inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORATION	ON (Attach additional sheets as needed):
Partner's/Member's/President's Name:	CIT
Address with Zip Code:	O'A APP
Partner's/Member's/Secretary's Name:	TO 1
Address with Zip Code:	3
Partner's/Member's/Treasurer's Name:	The state of the s
Address with Zin Code:	PER P

Name of company erecting sign: METRO SIGNY AL	enduc
Name of company erecting sign: METRO SIGNY AL Phone: 918-851-2424 CEll KEVIN 97	8-430-9583
	3 6
Detailed description and location of the sign, awning, or advertis	ing device. Attach a sketch
152 59/FT of SIGNAGE	
ACKNOWLEDGEMENT	
I hereby state that all information provided on this application understand that any information that is found to be false or forfeiture of this permit. This permit will be subject to all limitations set forth in the Somerville Code of Ordinances, are laws, and any conditions prescribed by the City of Somerville.	misleading may result in the of the terms, conditions, and my applicable State and Federal
Signature of Applicant: Auch he jg	Date:
Print Name: KEVIN DUGGAN	Phone: 918-851-242
Signature of Applicant: Authorized Print Name: KEVIN DUGGAN	TOTAL TO THE PART OF THE PART
Print Name: KEUIN DUGGAN INSPECTIONAL SERVICES DEPARTMENT RECOMMENT	NDATION:
	TOTAL TO THE PART OF THE PART
INSPECTIONAL SERVICES DEPARTMENT RECOMME	TrueFalse this sign, awning, or advertising de. (NOTE: This statement does
INSPECTIONAL SERVICES DEPARTMENT RECOMMENT. This sign or awning is located in a historic district: Based on a review of the attached plans, I reasonably expect that device will conform to all ordinances and the State Building Cook NOT constitute permission to install the sign, awning, or advertise.	TrueFalse this sign, awning, or advertising de. (NOTE: This statement does ing device.)
INSPECTIONAL SERVICES DEPARTMENT RECOMMENT. This sign or awning is located in a historic district: Based on a review of the attached plans, I reasonably expect that device will conform to all ordinances and the State Building Cool NOT constitute permission to install the sign, awning, or advertise	TrueFalse this sign, awning, or advertising de. (NOTE: This statement does ing device.) Date:#//3
This sign or awning is located in a historic district: Based on a review of the attached plans, I reasonably expect that device will conform to all ordinances and the State Building Coo NOT constitute permission to install the sign, awning, or advertis Signature:	TrueFalse this sign, awning, or advertising de. (NOTE: This statement does ing device.) Date:
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INSPECTIONAL SERVICES DEPARTMENT RECOMMENT This sign or awning is located in a historic district: Based on a review of the attached plans, I reasonably expect that device will conform to all ordinances and the State Building Cook NOT constitute permission to install the sign, awning, or advertise Signature: Print Name: HISTORIC PRESERVATION COMMISSION RECOMMENT HISTORIC PRESERVATION COMMISSION RECOMMENT PROPERTY AND PROPERTY	TrueFalse this sign, awning, or advertising de. (NOTE: This statement does ing device.) Date:
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This sign or awning is located in a historic district: Based on a review of the attached plans, I reasonably expect that device will conform to all ordinances and the State Building Con NOT constitute permission to install the sign, awning, or advertis Signature: Print Name: HISTORIC PRESERVATION COMMISSION RECOMMENT (only required for signs or awnings in a historic district) The Historic Preservation Commission recommends	TrueFalse this sign, awning, or advertising de. (NOTE: This statement does ing device.) Date:/_/





SALES: David Esajian DRAWING #: 12533 DATE: 14-2013 DRAWN BY: James Franks SCALE: As noted SHEET; 4 of 4

Description	Revised scope				
å	æ				
Date	2-26-13				
Revision	_				
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SALES APPROVAL

CUSTOMER APPROVAL

LANDLORD APPROVAL

CONCEPTUAL DRAWNIG ONLY:
Dimensions, are approximate in may change duconstruction factors or exact field conditions. C
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follow written specifications.

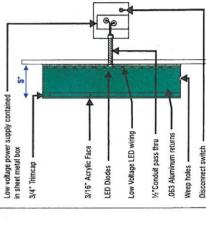
At RCHTS RESERVED: This design has been
for you, in convention with a specification or you will only be a specification or you by AST. It may not be stown to anyonyou by AST. It may not be shown to anyonyou by AST. It may not be stown to anyonyou organization, and may hobe reproduced
in any manner willoud princ consent.

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Site plan - Scale: NTS



Southwest Elevation - Scale: 3/16" = 1'-0"



Scale: 1/4" = 1'-0"

PAN CHANNEL LETTER SPECIFICATIONS Scale: 1/4" = 1
Description: Manufacture and install one (1) set of 1'-10" internally-illuminated channel letters.

Match PMS #342 (Green) Match PMS #342 (Green) Holly Green #3630-76

Color / Finish

Vinyl applied 1st surface

3/16" Milky White Plex #2447

Component

Paint (satin)

.063 Aluminum LED 3/4" Trimcap

Illumination Trimcaps Faces

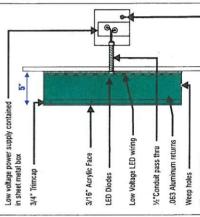
Jewelite

Specifications

THÖLE FOODS MARKET

— 27'-3 3/4" —

SECTION DETAIL SCALE: NTS NOTE: Attachment method to be determined





ADART® SIGN COMPANY

SALES: David Esajian DRAWING #: 12533 DATE: 14-2013 DRAWN BY: James Franks SCALE: As noted SHEET: 1 of 4

2.28-13 Revised scope	100000	2000	- Condition
	_	2-26-13	Revised scope

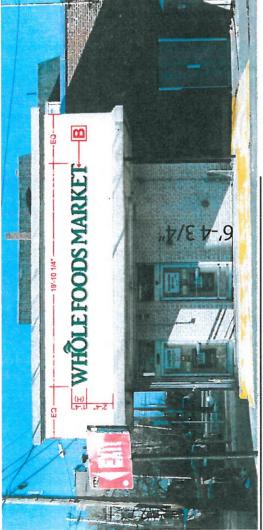
SALES APPROVAL

CUSTOMER APPROVAL

LANDLORD APPROVAL

CONCEPTUAL DRAWING ONLY:
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construction factors or exact field conditions. C:
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SIGN COMPANY

Southeast Elevation - Scale: 3/16" = 1'-0"

SE SE WHÔLE FOODS MARKET

8

PAN CHANNEL LETTER SPECIFICATIONS Scale: 1/4" = 1'-0"
Description: Manufacture and install one (1) set of 1'-4" internally-illuminated channel letters.

Component	Туре	Specifications	Color / Finish
Faces	3/16" Milky White Plex #2447	Vinyl applied 1st surface	Holly Green #3630-76
Trimcaps	3/4" Trimcap	Jewelite	Match PMS #342 (Green)
Returns	.063 Aluminum	Paint (satin)	Match PMS #342 (Green)
Illumination	LED		Green

Low voltage power supply contained — in sheet metal box 2" long #12 hex head —— drive screw min. of four (4) per letter Low Voltage LED wiring -.063 Aluminum returns 3/16" Acrylic Face — 1/2"Conduit pass thru -Disconnect switch -3/4" Trimcap -Weep holes -LED Diodes -

SCALE: NTS

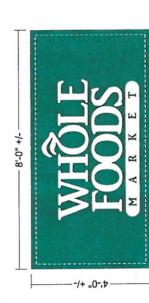
SECTION DETAIL

Revised scope SALES: David Esajian DRAWING #: 12533 DATE: 1-4-2013 DRAWN BY: James Franks SCALE: As noted SHEET: 2 of 4 2-26-13 Date

CUSTOMER APPROVAL LANDLORD APPROVAL CONCEPTUAL DRAWING ONLY:
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pa,



PANEL SPECIFICATIONS

Care and install two (2) panels for one (1) existing double face pylon sign.

	92-0	
Color / Finish	Holly Green #3630-76	White
Specifications	3M	N/A
Туре	White Plex w/ vinyl applied 1st surface	Show thru
Component	Panels	Copy



SALES: David Esajian DRAWING #: 12533 DATE: 14-2013 DRAWN BY. James Franks SCALE: As noted SHEET; 3 of 4

on Date Description 2:26-13 Revised scope
Revision

Scale: 1/2" = 1'-0"

CUSTOMER APPROVAL

SALES APPROVAL

LANDLORD APPROVAL

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construction factors or exact field conditions shown are as close as printing will allow; a follow written specifications.

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Pylon Elevation - Scale: 3/4" = 1'-0"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

Houston, TX 77251-1388 Familia Doubless:	PRO	P. O. Box 1388	•		CON	NTACT NAME:	John L. Worth	am & Son, L.P.	AMADEL MANAGEMENT AND
REMARK DODGESS: INSURER 3: ACE American Insurance Company 22867. MODIO FOODS Market, Inc. 550 Bowle Street Austin T 78703 RISURER 3: Westchester Fire Insurance Company 10030 INSURER 5: Westchester Fire Insurance Company 10030 INSURER 6: INSURER 6: INSURANCE USTED SELON HAVE BEEN SHOULD THE INSURE PROPERTY OF THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USTED SELON HAVE BEEN ASSUED TO THE INSURED AND ADDRESS OF THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS USE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE ROLL OF ANY CONTRACT OR OTHER DOCUMENT WITH THE POLICY PROVISIONS. A NOTICE OF THE WITH THE POLICY PROVISION WITH THE POLICY PROVISIONS. A NOTICE OF THE WITH THE POLICY PROVISIONS OF THE ANY CONTRACT WITH THE POLICY PROVISIONS. A NOTICE OF THE WITH		Houston, TX 77251-1388			PHONE	(A/C, No, Ext):	713-526-3366	FAX (A/C, No):	713-521-1951
NEURIPED NUMBER A: ACE American Insurance Company 22667					E-MA	IL ADDRESS:			
NEUBER 9: Westchester Fire Insurance Company Whole Foods Market, Inc. 550 Boyle Street A Justin TX 78703 COVERAGES CERTIFICATE NUMBER: 1808816 COVERAGES CERTIFICATE NUMBER: 1808816 CERTIFICA						INS	URER(S) AFFOR	DING COVERAGE	
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S50 Bowle Street Austin TX 78703 Majoran	INSU V	RED /hole Foods Market, Inc.			INSURE	RB: Westche	ester Fire Insu	irance Company	10030
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A WORKERS COMPENSATION AND EMPLOYERS LIABILITY A COFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) BU: 50005: Whole Foods Market, Inc., 125 Cambridgepark Drive, 5th Floor, Cambridge, MA The City of Somerville is Included As Additional Insured Under The General Liability Policy As Required By Written Contract As Respects To Liability Arising Out Of The Operations Of The Named Insured. CERTIFICATE HOLDER City of Somerville, Massachusetts ATTN: John Long 39 Highland Ave. Somerville MA 02143 SCFC4712377A (WI-Retro) WCUC47123781 (WI-Retro) WCUC47123768 (OH, WA) 9/30/2012 9/30/2013 9/30/2013 9/30/2013 9/30/2013 9/30/2013 EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - POLIC		DED ✓ RETENTION \$10,000				11		\$	
WORKERS COMPENSATION A DEPLOYER'S LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICERAMEMBER EXCLUDED? (MANDEWIN, UNDEPLOYER SLIDED) (MANDEWIN, UNDEPLOYER SETURE) (MANDEWIN, UNDEPLOYER SE								\$	
A ONLY PROPRIETOR PARTNER/EXECUTIVE TO A NAME PARTNER/EXECUTIVE TO A NAME PROPRIETOR PARTNER/EXECUTIVE TO A NAME PARTNER/EXCHANGE TO A NAME PARTNER PARTNER/EXCHANGE TO A NAME PARTNER PARTNER PARTNER/EXCHANGE TO A NAME PARTNER PARTNER PARTNER PARTNER PARTNER PARTNER PARTNER PA									
A ANY PROPRIETOR/PARTNER/EXECUTIVE ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ANY PROPRIETOR PARTNER/EXECUTIVE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A ANY PROPRIETOR PARTNER/EXECUTIVE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. BU. 50702012 9/30/2012 9/30/2013 EL. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - EA EMPLOYEE \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000 EL. DIS								✓ WC STATU- TORY LIMITS ER	
CERTIFICATE HOLDER CANCELLATION		ANY PROPRIETOR/PARTNER/EXECUTIVE	Α					E.L. EACH ACCIDENT \$	1,000,000
DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) BU: 50005: Whole Foods Market, Inc., 125 Cambridgepark Drive, 5th Floor, Cambridge, MA The City of Somerville is Included As Additional Insured Under The General Liablity Policy As Required By Written Contract As Respects To Liablity Arising Out Of The Operations Of The Named Insured. CERTIFICATE HOLDER City of Somerville, Massachusetts ATTN: John Long 93 Highland Ave. Somerville MA 02143 CANCELLATION 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 John L. Wortham & Son, L.P.	^	(Mandatory in NH)				3/30/2012	9/30/2013	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
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John L. Wortham & Son, L.P. Wortham & San L.P.	CA 9	ity of Somerville, Massachusetts TTN: John Long 3 Highland Ave.			SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	REOF, NOTICE WILL BE	
	S	omerville MA 02143					J	Shn L. Worthan	n soulf
					JUIIII			ORD CORPORATION All	rights reserved

ENDT. #2

POLICY NUMBER: XSL G27013016

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Named Insured Whole Foods	Market, Inc.				Endorsement Number 2
Policy Symbol XSL	Policy Number G27013016	Policy Period 09/30/2012	to	09/30/2013	Effective Date of Endorsement
	of Insurance Comp	• •			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

EXCESS COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Person or Organization: Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed*

SECTION II — WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

*prior to the date of loss.

Authorized Representative

Includes copyrighted material of Insurance Services Office, Inc. with its permission

XS-6W25a (06/10)

MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under State tax return							ge and be	elief, have fil	ed a	al
*Signature of I	1	ideal onle	Manda No	272-	Mandata	(max)				_
By: Corporate	Offic	cer (Mano	datory, if a co	orpo	oration)					
										_
**Social Secu corporation)	rity	Number	(Voluntary)	or	Federal	Identification	Number	(Mandatory,	if	8
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.



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department JOSEPH A. CURTATONE MAYOR

Elizabeth A. Craveiro CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO FROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

1.	Name of person requesting certificate: Kévin De PLEA	SEPRINT	WG
2.	Address of work: 47 BEACON ST		
	AND	/OR	
3.	Taxpayer's Home Address:		
	Phone: Day F	vening	
4.	Business Owner's Home Address:		
	Business Owner's Phone: Day	Evening:	
5.	Business I.D. Number:		
	I,Taxpayer Print Name	, the undersigned Taxpayer, do	
dig	Taxpayer Print Name hereby certify that all the information contained herein is true been paidend/or that the Taxpayer has entered into an agreem ass/Real Estate Owner's Signature)	and correct and all taxes and fees due the City have ent to pay all taxes and fees and is current on said	agreement.
(Busine	ss/Real Estate Owner's Signature)	PRINT Business/Real Estate Owners Name	
Date of	Issuance: Includes Pos	ings Through	
Tax and	Account Number(s) Included in Certificate:		
RF	(00) Water/Sewer 2801400) Pe	rsonal PropertyOther	
CLERK	'S INITIALS:		RECEN
PLEAS	E CHECK ONE: Business Permit		Bana
	CILY HALL 6 93 HIGHLAND AVENUE . SOME	RVILLE, MASSACHUSETTS 02143	24 <u>0.38-257 248-2</u> 3

CITY HALL © 93 HIGHLAND AVENUE © SOMERVILLE, MASSACHUSETTS 02143 (617) 625-6600 Ext. 3500 © TTY: (617) 666-0001 © FAX: (617) 666-9682 EMAIL: treasury@somervillema.gov © www.somervillema.gov 311 SOMERVILLE

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:													
Name: WHOLE FOODS													
Address:													
City:	State:	Zip:	Phone #:										
I am an employer with (full and/or part time). I am a sole proprietor or partremployees. We are a corporation that has exemption per c152 s1(4), and We are a nonprofit organization volunteers and have no employees.	exercised our right of d have no employees. on staffed by	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other											
Workers' compensation insurance information (if applicable):													
Insurance Company Name:													
Address: SEE ATTACHED													
City:	State:		Phone #:										
Policy #:	25.00 78.00.00 40.00 13 1 1 1	775	Expiration Date:										
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:	V 1990		Date:										
Print Name:	7												
Official u	se only. Do not write in this area. To be c	ompleted by	city or town official.										
	Permit/License #: Phone #:		☐ Building Department☐ City/Town Clerk☐ Licensing Board☐ Selectmen's Office										
Contact Ferson:	Fnone #:		Other										

(revised Jan. 2008)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/22/2013

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).

PRODUCER John L. Wortham & Son, L.P.					CONTACT NAME: John L. Wortham & Son, L.P.							
	P. O. Box 1388 Houston, TX 77251-1388				PHONE (A/C, No, Ext): 713-526-3366 FAX (A/C, No): 71						13-521-1951	
Houston, 1A //251-1300					E-MAIL ADDRESS:							
					INSURER(S) AFFORDING COVERAGE						NAIC#	
					INSURE	INSURER A: ACE American Insurance Company						
Whole Foods Market, Inc. 550 Bowie Street					INSURER B: Westchester Fire Insurance Company						10030	
					INSURER C:							
Austin TX 78703					INSURER D:							
					INSURER E:							
		INSURER F:										
				NUMBER: 16086516	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOI 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.										WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	rs		
Α	GENERAL LIABILITY			XSLG27013016		9/30/2012	9/30/2013			\$	500,000	
	✓ COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENT PREMISES (Ea occu	ED urrence)	\$		
	CLAIMS-MADE ✓ OCCUR			**				MED EXP (Any one person) \$				
	✓ SIR \$1,000,000	-						PERSONAL & ADV INJURY \$			500,000	
								GENERAL AGGREC	GATE .	\$	1,500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP	P/OP AGG	\$	1,500,000	
	POLICY PRO- JECT LOC									\$		
Α	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS A			ISAH08711628	9/30/	9/30/2012	9/30/2013	COMBINED SINGLE (Ea accident)	E LIMIT	\$	2,000,000	
						**		BODILY INJURY (Pe	er person)	\$		
								BODILY INJURY (Pe		\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	<i>i</i> E	\$		
										\$		
										\$		
В	✓ UMBRELLA LIAB ✓ OCCUR			G22015230007	9/30/2012	9/30/2012	9/30/2013	EACH OCCURRENC	CE	\$	5,000,000	
-	DED RETENTION \$10,000							AGGREGATE		\$	5,000,000	
										\$		
										\$		
۸	ORKERS COMPENSATION			005047400774 040 0-4		0/00/00/0	0.00.00.10	WC STATU-	IOTH-	\$		
A	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A		SCFC4712377A (WI-Retri WCUC47123768 (OH, W/ WLRC47123781 (All Oth States except above & TX	/A) ner	9/30/2012 9/30/2012 9/30/2012	9/30/2013 9/30/2013 9/30/2013	✓ WC STATU- TORY LIMITS	일			
Α								E.L. EACH ACCIDEN		\$	1,000,000	
								E.L. DISEASE - EA E		50	1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICT LIWIT	\$	1,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	ttach	ACORD 101 Additional Remarks 9	Schedule	if more space is	required\	-				
BU:	50005: Whole Foods Market, Inc., 125 City of Somerville Is Included As Additi	Can	nbrido nsure	gepark Drive, 5th Floor, Ca ed Under The General Liab	mbrida	e. MA		Contract As Res	spects To)		
Liab	ility Arising Out Of The Operations Of T	he N	amed	I Insured.			•		3			
CE	OTIFICATE LIQUEDED				04110	ELL ATION						
CERTIFICATE HOLDER CA						CANCELLATION						
City of Somerville, Massachusetts ATTN: John Long 93 Highland Ave.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Somerville MA 02143						John L. Wortham & Son, L.P.						

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