

## APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 4-1-13

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/1/13 -MS  
Amount Paid \$250.00 ck# 1385

☒ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business (DBA) Name: WHOLE FOODS Phone: \_\_\_\_\_

Business Location (with Zip Code): 47 BEACON ST

Applicant's Legal Name: METRO SIGN + AWNING

Applicant's Address (with Zip Code): 170 LORUM ST TEWKSBURY MA 01826

Applicant's Email Address: KEVIN.D@METROSIGN.NET

Applicant's Federal Employer Identification Number: METRO SIGN + AWNING

Mailing Name (where we should send correspondence to): 170 LORUM ST

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: 978-851-2424  
Cell 978-480-9583

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 as needed):

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

2013 APR - 3 A 9:41  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Name of company erecting sign: METRO SIGN + AWNING  
Phone: 978-851-2424 CELL KEVIN 978-430-9783

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
152 09/FT of SIGNAGE  
\_\_\_\_\_  
\_\_\_\_\_

#### 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 permit. This permit 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: Kevin Duggan Date: 4-1-13  
Print Name: KEVIN DUGGAN Phone: 978-851-2424  
CELL 978-430-9783

#### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: \_\_\_\_\_ True \_\_\_\_\_ False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: Al Bargoet Date: 4-1-13  
Print Name: Al Bargoet Title: J. B. I.

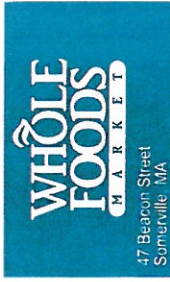
#### HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends \_\_\_\_\_ Approval \_\_\_\_\_ Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



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

Revision	Date	Description
1	2-26-13	Revised scope

SALES APPROVAL \_\_\_\_\_  
CUSTOMER APPROVAL \_\_\_\_\_  
LANDLORD APPROVAL \_\_\_\_\_

**CONCEPTUAL DRAWING ONLY:**  
This drawing is an approximate representation of the proposed sign. It is not to be used for construction. The final design and construction shall be subject to the approval of the local authority having jurisdiction. The final design and construction shall be produced in any manner without prior consent.



Site plan - Scale: NTS



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

Revision	Date	Description
1	2-26-13	Revised scope

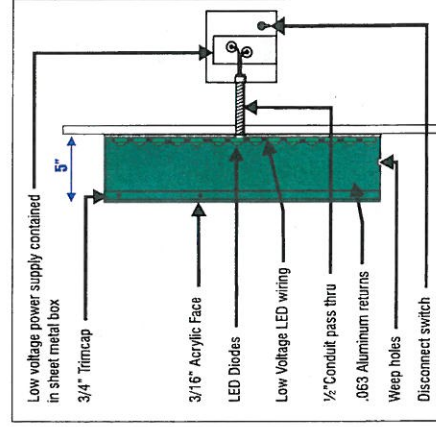
SALES APPROVAL  
CUSTOMER APPROVAL  
LANDLORD APPROVAL

CONCEPTUAL DRAWING ONLY:  
Dimensions are approximate & may change due to construction factors or exact field conditions. C shown are as close as printing will allow, always follow written specifications.

ALL RIGHTS RESERVED: This design has been created for you in connection with a project being planned or constructed. It is not to be reproduced, stored in a retrieval system, or used for any other purpose without your organization, and may not be reproduced in any manner without prior consent.

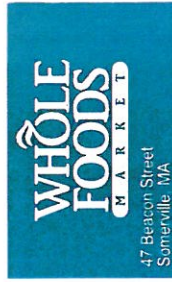


Southwest Elevation - Scale: 3/16" = 1'-0"



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

PAN CHANNEL LETTER SPECIFICATIONS			
Description: Manufacture and install one (1) set of 1'-10" internally-illuminated channel letters.		Scale: 1/4" = 1'-0"	
Component	Type	Specifications	Color / Finish
Faces	3/16" Milky White Plex #2447	Vinyl applied 1st surface	Holly Green #3630-76
Trimcaps	3/4" Trimcap	Jewelrite	Match PMS #342 (Green)
Returns	.063 Aluminum	Paint (satin)	Match PMS #342 (Green)
Illumination	LED		Green

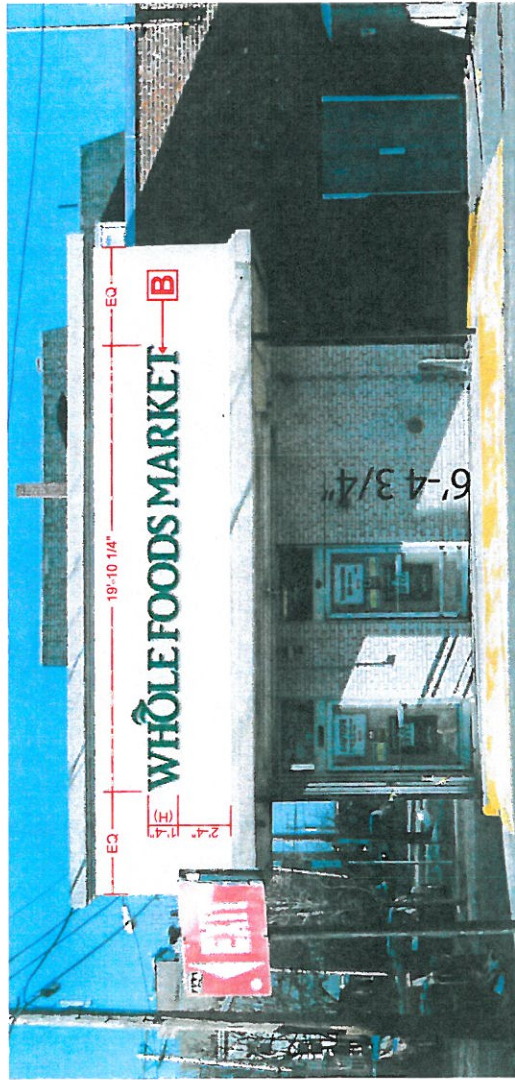


SALES: David Esajian  
DRAWING #: 12533  
DATE: 1-4-2013  
DRAWN BY: James Franks  
SCALE: As noted  
SHEET: 2 of 4

Revision	Date	Description
1	2-26-13	Revised scope

SALES APPROVAL \_\_\_\_\_  
CUSTOMER APPROVAL \_\_\_\_\_  
LANDLORD APPROVAL \_\_\_\_\_

CONCEPTUAL DRAWING ONLY:  
Dimensions are approximate & may change due to construction factors or exact field conditions. All dimensions shown are as close as printing will allow. All dimensions follow written specifications.  
ALL RIGHTS RESERVED: This design has been created by ADART. It may not be shown to any other organization, and may not be reproduced in any manner without prior consent.

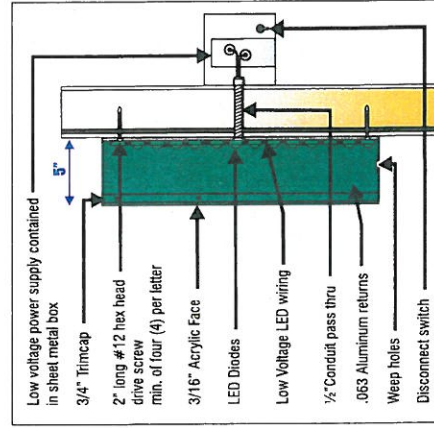


Southeast Elevation - Scale: 3/16" = 1'-0"



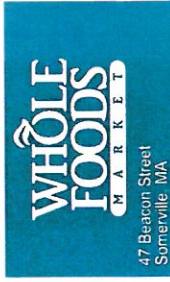
**PAN CHANNEL LETTER SPECIFICATIONS** Scale: 1/4" = 1'-0"  
Description: Manufacture and install one (1) set of 1'-4" internally-illuminated channel letters.

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



SECTION DETAIL SCALE: NTS



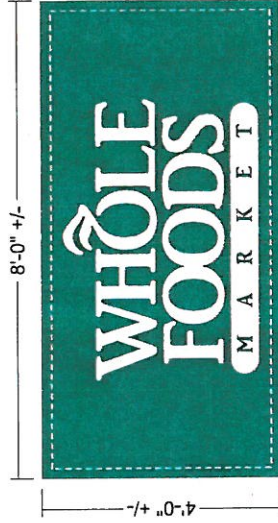


SALES: David Esajian  
DRAWING #: 12533  
DATE: 1-4-2013  
DRAWN BY: James Franks  
SCALE: As noted  
SHEET: 3 of 4

Revision	Date	Description
1	2-25-13	Revised scope

SALES APPROVAL \_\_\_\_\_  
CUSTOMER APPROVAL \_\_\_\_\_  
LANDLORD APPROVAL \_\_\_\_\_

CONCEPTUAL DRAWING ONLY:  
Dimensions are approximate & may change due to construction factors or exact field conditions. C. shown are as close as printing will allow; always follow written specifications.  
ALL RIGHTS RESERVED: This design has been created by ADART. It may not be shown to anyone, your organization, and may not be reproduced in any manner without prior consent.



**PANEL SPECIFICATIONS**  
Scale: 1/2" = 1'-0"  
Description: Manufacture and install two (2) panels for one (1) existing double face pylon sign.

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



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



# CERTIFICATE OF LIABILITY INSURANCE

50005  
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.  
P. O. Box 1388  
Houston, TX 77251-1388

CONTACT NAME: John L. Wortham &amp; Son, L.P.

PHONE (A/C, No. Ext): 713-526-3366

FAX (A/C, No): 713-521-1951

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: ACE American Insurance Company

22667

INSURER B: Westchester Fire Insurance Company

10030

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Whole Foods Market, Inc.  
550 Bowie Street  
Austin TX 78703

## COVERAGES

CERTIFICATE 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 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		XSLG27013016	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,500,000 PRODUCTS - COMP/OP AGG \$ 1,500,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ISAH08711628	9/30/2012	9/30/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		G22015230007	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	SCFC4712377A (WI-Retro) WCUC47123768 (OH, WA) WLRC47123781 (All Other States except above & TX)	9/30/2012 9/30/2012 9/30/2012	9/30/2013 9/30/2013 9/30/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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  
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 &amp; Son, L.P.

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ACORD 25 (2010/05)

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**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
Issued By (Name of Insurance Company) ACE American Insurance Company			

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 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.

  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

\_\_\_\_\_  
\*\*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.



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 PROCESS THIS FORM**

**CERTIFICATE OF GOOD STANDING**

1. Name of person requesting certificate: KEVIN DUGGAN METRO SIGN + AWWING  
PLEASE PRINT
2. Address of work: 47 BEACON ST  
AND/OR
3. Taxpayer's Home Address: \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_
4. Business Owner's Home Address: \_\_\_\_\_  
Business Owner's Phone: Day \_\_\_\_\_ Evening: \_\_\_\_\_
5. Business I.D. Number: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do  
Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

[Signature]  
(Business/Real Estate Owner's Signature)

\_\_\_\_\_  
PRINT Business/Real Estate Owners Name

Date of Issuance: \_\_\_\_\_ Includes Postings Through \_\_\_\_\_

Tax and Account Number(s) Included in Certificate:

RE 1001 Water/Sewer 128014001 Personal Property \_\_\_\_\_ Other \_\_\_\_\_

CLERK'S INITIALS: UB

PLEASE CHECK ONE: ☒ Business Permit OR ☐ Building Permit

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](mailto:treasury@somervillema.gov) • [www.somervillema.gov](http://www.somervillema.gov)

RECEIVED  
[Signature]

311  
SOMERVILLE

4/1/13



**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 \_\_\_\_\_ 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

SEE ATTACHED

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*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 #: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

50005  
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.

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PRODUCER John L. Wortham & Son, L.P.  
P. O. Box 1388  
Houston, TX 77251-1388

CONTACT NAME: John L. Wortham &amp; Son, L.P.

PHONE (A/C, No, Ext): 713-526-3366

FAX (A/C, No): 713-521-1951

E-MAIL ADDRESS:

INSURED  
Whole Foods Market, Inc.  
550 Bowie Street  
Austin TX 78703

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: ACE American Insurance Company

22667

INSURER B: Westchester Fire Insurance Company

10030

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 16086516

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			XSLG27013016	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,500,000 PRODUCTS - COMP/OP AGG \$ 1,500,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ISAH08711628	9/30/2012	9/30/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			G22015230007	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
A A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SCFC4712377A (WI-Retro) WCUC47123768 (OH, WA) WLRC47123781 (All Other States except above & TX)	9/30/2012 9/30/2012 9/30/2012	9/30/2013 9/30/2013 9/30/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 Regards To Liability 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 &amp; Son, L.P.

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ACORD 25 (2010/05)

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