

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #190982
Business Name: J. Marchese and Sons
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 JUL 17 PM 1:06
CITY CLERK'S OFFICE
SOMERVILLE, MA

The DBA Name of the Business: J. Marchese & Sons INC
~~Somerville~~ Address and Zip Code: 69 Norman St Everett, MA 02149
Phone Number of the Business: 617-389-4040

The Legal Name of the License Holder: J. Marchese & Sons
Street Address of the License Holder: 69 Norman street
City, State and Zip Code of the License Holder: Everett, MA 02149
Phone Number of the License Holder: 617-389-4040
Email Address of the License Holder: Marchese4040@aol.com

Where We Should Send Mail: Name: J. Marchese & Sons INC
Street Address: 69 Norman street
City, State and Zip Code: Everett, MA 02149
Email: marchese4040@aol.com
Phone Number: 617-389-4040

Federal ID # (Do Not Give a Social Security #): 04-2759455

Emergency Contact and Phone (For Fire Dept. Use): Michael Marchese 617-212-0039

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: John J. Marchese

Name of Secretary: Elizabeth Marchese

Name of Treasurer: John J. Marchese

☐ Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 4/6/12

Continuation Certificate

The Hartford Insurance Group

The Hartford Casualty Insurance Co

(hereinafter called the Company)

hereby continues in force its Bond No. 08BSBCI4393

in the sum of Ten Thousand

Dollars,

on Behalf of J. Marchese & Sons, Inc.

in favor of City of Somerville


for the (extended) term beginning on 11/03/2011

and ending on 11/03/2012

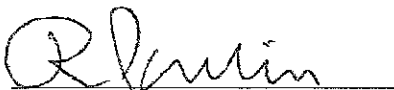
subject to all the covenants and conditions of said Bond, said bond and this and all continuations thereof being one continuous contract.

This Continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the sum of Ten Thousand Dollars.

IN WITNESS THEREOF, the Company has caused this instrument to be signed by its officers proper for the purpose and its corporate seal to be hereto affixed on 11/03/2012

By 
Laurence R. Hall, Attorney-in-Fact

Attest:



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: J. Marchese & Sons Inc
Address: 69 Norman St
City: Everett State: MA Zip: 02149 Phone #: 617-389-4040

- ☒ I am an employer with 40 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Seabright Insurance
Address: 150 N Radnor Chester Rd, Suite E110
City: Radnor State: PA Zip: 19087 Phone #: _____
Policy #: BB1124604 Expiration Date: 4/1/13

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: John Marchese Date: 4/6/12
Print Name: John J. Marchese

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

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

04/02/2012

PRODUCER 978.887.4900 FAX 978.887.2404
 Edward F. Sennott Insurance Agency, Inc.
 16 South Main Street
 P. O. Box 457
 Topsfield, MA 01983

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED J. Marchese & Sons, Inc., & JEM Realty Trust
 69 Norman St
 Everett, MA 02149

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: First Specialty Insurance

INSURER B: Commerce Insurance

34754

INSURER C: North River Ins

INSURER D: SeaBright Insurance Co.

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	IRG97014-9	04/01/2012	04/01/2013	EACH OCCURRENCE
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE
B		AUTOMOBILE LIABILITY	12MMBCBHRK	04/01/2012	04/01/2013	COMBINED SINGLE LIMIT (Ea accident)
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC
						AUTO ONLY: AGG
C		EXCESS / UMBRELLA LIABILITY	553-095078-3	04/01/2012	04/01/2013	EACH OCCURRENCE
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE
		<input type="checkbox"/> DEDUCTIBLE				
		RETENTION \$				
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	BB1124604	04/01/2012	04/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
 Attn: Department of Inspectional Services
 One Franey Road
 Somerville, MA 02145

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Peter Sennott/LAR