



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

### Application to Renew Drain Layer License

**J. DERENZO CO**  
**338 HOWARD ST**  
**BROCKTON MA 02302**

2015 APR -6 P 5:04  
CITY CLERK'S OFFICE  
SOMERVILLE, MA  
License #: BL15-000692  
File #: 15-575  
Fee: 250

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

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> J. DERENZO CO <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 508-427-6441	
<b>License Holder:</b> J. DERENZO CO 338 HOWARD ST BROCKTON MA 02302	
<b>Mailing Address:</b> J. DERENZO CO 338 HOWARD ST BROCKTON MA 02302	
<b>Business Type:</b> Corporation DAVID HOWE ANTHONY LOCONTE ANTHONY LOCONTE	
<b>FID:</b> 042077274	
<b>Emergency Contact:</b> ANTHONY LOCONTE <b>Phone:</b> 617-212-4517	

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

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:



Date:

3/19/15

Printed Name:

Anthony C. McCarty

Phone:

617-212-4517

# CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2015

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Anthony C. Lo Conte Date: 3/19/15

Signature:  Title: CEO

Company: J. D'Amico Co.





Interchange Corporate Center  
450 Plymouth Road, Suite 400  
Plymouth Meeting, PA. 19462-1644  
Ph. (610) 832-8240

## LICENSE & PERMIT BOND

Bond Number: 012023989

KNOW ALL MEN BY THESE PRESENTS, that we J. Derenzo Co.

338 Howard Street Brockton, MA 02302, as principal (the "Principal"),  
and Liberty Mutual Insurance Company, a Massachusetts stock insurance company, as surety (the "Surety"), are  
held and firmly bound unto City of Somerville

93 Highland Avenue Somerville, MA 02143, as obligee (the "Obligee"),  
in the penal sum of

Ten Thousand Dollars and 00/100 Dollars (\$10,000.00),  
for the payment of which sum well and truly to be made, the Principal and the Surety, bind ourselves, our heirs,  
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for a license or permit for Drain Layer

for the term beginning the 1st day of April, 2015, and ending the 31st day of  
March, 2016, and this Bond is intended to cover the term of said License or Permit.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the license or permit is issued to  
the Principal, and if Principal shall indemnify and save harmless the Obligor from and against all loss, to which the  
Obligee may be subject by reason of the Principal's breach of any ordinance, rule, or regulation, relating to the  
above described license or permit, then this obligation shall be null and void; otherwise to remain in full force and  
effect.

PROVIDED AND SUBJECT TO THE CONDITIONS PRECEDENT:

1. The liability of the Surety hereunder shall in no event exceed the penal sum of this bond as stated above,  
regardless of the number of years the bond shall continue in force.
2. This bond shall continue in force until (surety shall elect either option a or b)  
☒ a. the 31st day of March, 2016, or until the expiration date of any Continuation  
Certificate executed by the Surety.  
☐ b. the Surety notifies the Obligor in writing of its cancellation of the bond. The Surety shall be relieved of  
any further liability under this bond thirty (30) days after receipt of said notice by the Obligor, except  
for defaults occurring prior thereto.
3. Any claim under this bond must be presented in writing to the Surety to the attention of The Surety Law  
Department at the following address: Interchange Corporate Center, 450 Plymouth Road, Suite 400  
Plymouth Meeting, PA. 19462-1644. Should the address of the Surety change, then notice shall be  
delivered by the Obligor to the Surety as directed in writing by the Surety.

DATED as of this 20th day of March, 2014.

WITNESS / ATTEST

J. Derenzo Co.  
(Principal)

By:

Title:

(Seal)

**LIBERTY MUTUAL INSURANCE COMPANY**  
(Surety)

By:

Attorney-in-Fact

Kathleen M Flanagan

(Seal)



**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: J. Derenzo Co.  
Address: 338 Howard St.  
City: Brockton State: MA Zip: 02302 Phone #:

☒ I am an employer with 250+ employees Business Type: ☐ Retail  
(full and/or part time). ☐ Restaurant/Bar/Eating Establishment  
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)  
employees. ☐ Nonprofit  
☐ We are a corporation that has exercised our right of ☐ Entertainment  
exemption per c152 s1(4), and have no employees. ☐ Manufacturing  
☐ We are a nonprofit organization staffed by ☐ Health Care  
volunteers and have no employees. ☒ Other Construction

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

Insurance Company Name: Old Republic General Ins. Corp. (See Attached)  
Address:  
City: New York State: NY Zip: Phone #:  
Policy #: A2 CWO 2716503 Expiration Date: 3/1/2016

**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: X [Signature] Date: 3/19/15  
Print Name: Anthony C. De Conte

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/25/2015

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).

<b>PRODUCER</b> The Driscoll Agency, Inc. 93 Longwater Circle P.O. Box 9120 Norwell MA 02061		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 781-681-6656 <b>E-MAIL ADDRESS:</b> jbd@driscollagency.com <b>FAX (A/C, No):</b> 781-681-6686		
<b>INSURED</b> 4111 J. Derenzo Co. 338 Howard Street Brockton MA 02302		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A :Old Republic General Ins Corp		24139
		INSURER B :Starr Indemnity & Liability Company		38318
		INSURER C :Zurich American		
		INSURER D :Acadia Insurance Group, LLC		31325
		INSURER E :		
INSURER F :				

**COVERAGES****CERTIFICATE NUMBER:** 414084480**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			A2CG02711503	3/1/2015	3/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCS90 End. <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			A2CA02711503	3/1/2015	3/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll ded \$2,000
B C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$none			1000020731 AEC011253-00	3/1/2015 3/1/2015	3/1/2016 3/1/2016	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	A2CW02711503	3/1/2015	3/1/2016	<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
D	Contractors Equipment			CIM5140519	3/1/2015	3/1/2016	Leased/Rented Equipme 500,000 Installation Floater 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Drain layers License. Notice of cancellation provision is 30 days, except 10 days applies for non-payment of premium.

**CERTIFICATE HOLDER****CANCELLATION** 30 days, except 10 days non-paymentCity of Somerville  
Department of Public works  
93 Highland Avenue  
Somerville MA 02143

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

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