

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

JOHN MATTHEWS
P.O. BOX 238
MEDFORD

MA 02155

LIC #: 2010-246
B.O.A.# 182338

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:

Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: JVM CORPORATION DBA U CALL WE HAUL TEL: 781-389-2065
Company Address: 00009 R SHERMAN ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: X Trust: Agency: Gov't Partner
Ship Other
Owner Name: JOHN MATTHEWS TEL: 617-389-2065
Owner Address: P.O. BOX 238

Owner City: MEDFORD State: MA Zip: 02155

FID#: 042974372

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:00 AM-07:00 PM
SATURDAY: 08:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-246
FEE: \$500.00

This is to certify: JOHN MATTHEWS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/21/2006
Garage situated at: 00009 R SHERMAN ST (MUNREG)
Doing business as : JVM CORPORATION DBA U CALL WE HAUL
Shall not exceed: 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:

CITY CLERK'S OFFICE
2010 APR 22 A 10:26

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

John Matthews
Signature of Applicant

P.O. Box 238
Address

Medford MA 02155-0003
City State Zip

** Office Use Only **
Mailed
Taken
Received: 500.00 4/22/10
City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

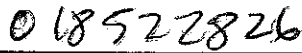
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: John Matthews
- 2. Address of taxpayer/applicant's business in Somerville: 9 R Sherman St
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 781 389-2065 evening: _____

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

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20_____.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- Real Estate Water/Sewer Personal Property Other: _____
- # 02063180 # NO # NO # _____

NOTES:

CLERK'S INITIALS: RM

ORIGINAL STAMP:

received
A 4-22-10

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: John Matthews / UCAI WC Fund

Address: PO Box 238

City: Methuen State: MA Zip: 02155 Phone #: 781 389-2065

- I am an employer with 7 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: National Union Fire Insurance Co

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: WC 1083430 Expiration Date: 3-3-2011

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: [Signature] Date: 4-22-10

Print Name: John Matthews

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 _____

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/21/2010

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 A.Gange & Sons Inc. 378 Main Street PO Box 301 Medford MA 02155-6156	CONTACT NAME: PHONE (A/C, No, Ext): (781) 396-3111 FAX (A/C, No): (781) 396-5140 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 12839
	INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED U Call We Haul LLC PO Box 238 Medford MA 02155-	NAIC #

COVERAGES **CERTIFICATE NUMBER:** **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	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
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 Y	N/A	WC1083430	03/03/2010	03/03/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							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)
John Matthews

CERTIFICATE HOLDER Eugene Ricci 848 Main Street Malden MA 02148-	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
--	--

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. 13072

0071991-00

WC 001-08-3430

013-82-0310-00

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

U CALL WE HAUL, LLC
P.O. BOX 238
MEDFORD, MA 02155-6711

CHARTIS

A Chartis company

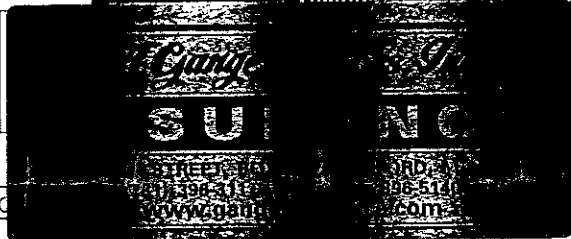
EXECUTIVE OFFICES:
175 Water Street
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

MA UI#

PRODUCERS NAME AND ADDRESS

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE



INSURED IS LIMITED LIABILITY COMPANY

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF

ITEM 2 POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address FROM 03/03/10 TO 03/03/11

ITEM 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA

B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. The limits of our liability under Part Two are:
Bodily Injury by Accident \$ 1,000,000 each accident
Bodily Injury by Disease \$ 1,000,000 policy limit
Bodily Injury by Disease \$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN UT VA VT WI WV

D. This policy includes these
SEE EXTENSION OF ITEM 3.D, OF THE INFORMATION PAGE - WC990612

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

Classifications	Code Number	Estimated Total Remuneration		Rate Per \$100 OF Re-muneration		Estimated Premium	
		<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year
SEE EXTENSION OF ITEM 4 OF THE INFORMATION PAGE - WC7754 TAXES/ASSESSMENTS/SURCHARGES							\$1,253
EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$338 MA						

MINIMUM PREMIUM \$489 MA TOTAL ESTIMATED PREMIUM \$22,586

Frequency of premium adjustments of premium shall be made:

Monthly Quarterly Monthly DEPOSIT PREMIUM

03/29/10 PARSIPPANY

82

Issuing Office

Authorized Representative

WC 00 00 01