

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

CK 3210

2013 MAR -6 P 1.31

APPLICATION TO RENEW DRAIN LAYER LICENSESOMERVILLE, MA

License #:

694

JNJ SACCA INC 92 SPY POND PKWY **ARLINGTON, MA 02474**

Fee:

250.00

Account ID:

577

Reference #:

694

7040

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)
Business/DBA Name: For JNJ SACCA INC Business Location: OUT OF AREA Business Phone: 781-643-6109	
License Holder: JNJ SACCA INC 92 SPY POND PKWY ARLINGTON, MA 02474 781-643-6109	
Mailing Address: JNJ SACCA INC ARLINGTON, MA 02474	
Business Type: CORPORATION (INC. LLC) SECRETARY - JEFFREY SACCA PRESIDENT - JONATHAN SACCA	
FID: 263523501	
Food Manager/Emergency Contact: JONATHAN SACCA 781-608-9257	
Conditions: (to change any conditions, submit a new ap	plication. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

Description of Location and/or Other Conditions:

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 A -I have filed all State tax returns and paid all State taxes required by I	
Signature:	Date 3- 4-13
Print Name: Tonathan R Sacce	Phone 781-643-6109



475 N. Martingale Road, Suite 850, Schaumburg, Illinois 60173 Direct Dial: 847-273-1210, Toll free: 800-338-0753 Fax: 847-273-1220

CONTINUATION CERTIFICATE

KNOW ALL MEN BY THESE PRESENTS, THAT:

In consideration of the payment of a renewal premium, NORTH AMERICAN SPECIALTY INSURANCE COMPANY, as SURETY, does hereby continue

Bond Number:

SUR 2151357 00

Effective Date:

11/07/2011

Amount of Bond:

\$10,000

Continued from:

November 7, 2012

to November 7, 2013

On behalf of JNJ SACCA, INC.

In favor of CITY OF SOMERVILLE

Provided, however, that this Continuation Certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period(regardless of the number of years) said bond has been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 17	day of	July	, 2012
NORTH AMERICAN SE	ECIALTY	INSURAN	CE COMPANY
By: Kay Hull	Attorney		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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: JNJ Sacca Inc.
Address: 92 Spy Pond
City: alington State: MA. Zip. D2474 Phone #: 781-643-6109
I am an employer with employees
Workers' compensation insurance information (if applicable): (A. M. TRust North america
Insurance Company Name: Peerless Ins. Co. / Hub International NE
Address: 299 Ballandvale Street
City: Wilmington State: MA Zip: 01887 Phone #: 978-657-5101
Policy #: Tw 3336093 Expiration Date: 1/-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:
Print Name: Jonathan R. Sacke
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
Contact Person: Phone #: Other

(revised Jan. 2008)

JNJSACCA

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

3/06/2013

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 HUB International New England 299 Ballardvale St	CONTACT NAME: PHONE			
Wilmington, MA 01887	INSURER(S) AFFORDING COVERAGE			
	INSURER A: Peerless Insurance Co			
	INSURER B : Technology Ins. Co.			
JNJ Sacca, Inc.	INSURER C: Excelsior Insurance Company			
c/o Mr Jonathan Sacca	INSURER D:			
92 Spy Pond Parkway	INSURER E :			
Arlington, MA 02474	INSURER F:			

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	III.	,,,,	CBP8546338			EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$100,000 \$5,000
	X PD Ded:250						PERSONAL & ADV INJURY	\$1,000,000
	x blkt add'l insured						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000 \$
С	AUTOMOBILE LIABILITY			BA8532717	10/20/2012	10/20/2013	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR			CU8542643	11/01/2012	11/01/2013	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$10000							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC3336093	11/01/2012	11/01/2013	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
GL includes blanket add'l insured coverage if required by written contract & waiver of subro if required by contract.

CERTIFICATE HOLDER	CANCELLATION
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City of Somerville City Hall 93 Highland Avenue Somerville, MA 02145-0000 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

Michael & Chapm

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