

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: Outdoor Parking
License Number: #191152
Business Name: FW Russell & Sons Disposal Inc
Location: 120 McGrath Hwy
Spaces: 25
Special Conditions (if any):

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: F.W. RUSSELL + Sons Disposal INC.
Somerville Address and Zip Code: 120 McGrath Highway 02143
Phone Number of the Business: 617 776 5120

The Legal Name of the License Holder: F.W. Russell & Sons Disposal, Inc
Street Address of the License Holder: 120 McGrath Highway
City, State and Zip Code of the License Holder: Somerville, MA 02143
Phone Number of the License Holder: 617-776-5120
Email Address of the License Holder: _____

Where We Should Send Mail: Name: F.W. RUSSELL + Sons Disposal INC.
Street Address: 100 CROSS STREET
City, State and Zip Code: Somerville, MA 02145
Email: _____
Phone Number: 617 776 5120

Federal ID # (Do Not Give a Social Security #): 04-3160607

Emergency Contact and Phone (For Fire Dept. Use): 617-776-5120

-OVER-

2017 APR 23 P 1.42
CITY OF F.W.'S OFFICE
SOMERVILLE, MA

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: _____

Name of Secretary: _____

Name of Treasurer: _____

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: F.W. Russell & Sons Inc.

Address of taxpayer/applicant's business in Somerville: 120 McGrath Highway

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 776 5120 evening: 617-776-5120

I, (print name) Charles Carneglia, 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 13th day of April, 20 12. Charles Carneglia
(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: _____

9601 # 146042001 # 812 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:



RECEIVED
Usanaw
4-23-12

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: F.W. Russell + Sons Inc.
Address: 100 Cross Street
City: Somerville State: MA Zip: 02145 Phone #:

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: GREAT Divide INS. Co. / A Berkley Insurance Co.
Address: 7233 E. Buttrick Drive
City: Scottsdale State: AZ Zip: 85260 Phone #: 617-391-0246 (Green INS. Agency)
Policy #: WCA 1538758-10 Expiration Date: 10/1/12

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 #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 02/07/2012												
PRODUCER Green Insurance Exchange, LLC 184 High Street Suite 602 Boston, MA 02110	1-617-391-0245	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 F.W. Russell & Sons Disposal, Inc. Langton & Douglas Contracting, Inc. A joint Venture 100 Cross Street Somerville, MA 02145	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Nautilus Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: Great Divide Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: Nautilus Ins Co.</td> <td>26387</td> </tr> <tr> <td>INSURER D: GREAT DIVIDE INS CO</td> <td>25224</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Nautilus Ins Co		INSURER B: Great Divide Ins Co		INSURER C: Nautilus Ins Co.	26387	INSURER D: GREAT DIVIDE INS CO	25224	INSURER E:	
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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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> \$5,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BCPO1526175-11	02/01/12	02/01/13	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
B		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 <input checked="" type="checkbox"/> \$1,000 Comp/Coll Ded. <input checked="" type="checkbox"/> ACV	MAA1526174-11	02/01/12	02/01/13	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	FFX1526176-11	02/01/12	02/01/13	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$ \$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCA1538758-10	10/01/11	10/01/12	<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
		OTHER				

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

The City of Somerville is named as additional insured with respects to liability and as required by written contract.

CERTIFICATE HOLDER

City of Somerville

93 Highland Ave

Somerville, MA 02143

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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