TOWN OF ARLINGTON
Department of Public Works
51 Grove Street
Arlington, Massachusetts 02476
Office (781) 316-3320 Fax (781) 316-3281
Engineering Division

MEMORANDUM

To: Board of Selectmen
From: Engineering Division
Re: Approved Contractor License
Date: September 11, 2017

Dear Honorable Board Members,

Reference is hereby made to an application by Timothy Montalto of Callahan & Montalto Site Construction to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Callahan & Montalto Site Construction
800 Main Street
Holden, MA 01520
Phone: 508-210-0331
Email: tim@cmsclle.com

Upon review of the provided references supplied by the contractor, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

Joseph Szafarowicz
Civil Engineer, Arlington Engineering Division

cc: Wayne Chouinard, Town Engineer

TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and **deliver the completed application to the Department of Public Works Engineering Department** at 51 Grove Street for Processing and Submission to the Board of Selectmen. Please also include in your submission a $75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3386.

Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

☑ Water ☑ Sanitary Sewer ☑ Stormwater Drainage ☑ Sewer/Drain Inspection ☑ Driveway Work ☑ Curb/Sidewalk Work

Applicant Information

Applicant/Firm Name: Callahan and Montalto Site Construction

Select One: ☑ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____

Street Address: 800 Main St **City/Town:** Holden **State:** MA

Primary Phone: 508 210 0331 **E-mail:** Tim @ CMSC LLC . Com

Length of Time in Business under the same Firm Name: 19 years

Full Name(s) of Principal(s): Timothy Montalto

Primary Contact Person: Tim Montalto

Experience/Previous Work

Nature of Typical/Standard Work: Site and Utility work Private/Public

Have you ever performed this type of work in Arlington: ☐ Yes ☑ No

If Yes, Please provide Location: _____ **Approximate Date:** _____

Total Amount of such construction this year: 2.5 mil

Total Amount of such construction last year: 2.5 mil

Total Amount of such construction next previous year: 1.8 mil

Municipal References - Please Attach Written Reference Letters

Municipality: City of Worcester

Primary Contact Name: Debbie Davis **Email:** DAVISD@WORCESTERMA.GOV

Municipality: Town of Holden

Primary Contact Name: Brenda Harvey **Email:** BHarvey@HOLDENMA.GOV

Municipality: Town of West Boylston

Primary Contact Name: _____ **Email:** BHARGET@WESTBOYLSTON-MA.GOV

Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: Commerce Bank Holden MA **Phone:** 508 829 3733

Federal Tax ID or Social Security #: _____

Note to Town Staff: Redact Social Security # before releasing document

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses 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 Massachusetts General Law, Chapter 62C, Section 49A.

Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen and/or Department of Public Works may establish.

Applicant Signature: _____ **Date:** 8/23/17

Reset Form

Print Form

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/24/2017

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	CONTACT NAME: Kristi Gravel
Anastasi Insurance Agency, Inc. 4 Brookfield Rd P.O. Box 1261 Charlton City MA 01508	PHONE (A/C, No, Ext): (508) 248-1440 FAX (A/C, No): (508) 248-1447 E-MAIL ADDRESS: kgravel@anastasiinsurance.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
CALLAHAN & MONTALTO SITE CONSTRUCTION LLC 800 MAIN ST HOLDEN MA 01520-1838	INSURER A: Employers Mutual Casualty Company	21415
	INSURER B: AmTrust North America, Inc.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16-17 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			5D20843	10/25/2016	10/25/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			5Z20843	10/25/2016	10/25/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 1,000,000 $ 20,000 $ 40,000 $ 5,000 $ 5,000
A	X UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			5J20843	10/25/2016	10/25/2017	EACH OCCURRENCE AGGREGATE [ ]	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WWC3166598	11/13/2016	11/13/2017	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

Town of Arlington

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

Paul Anastasi/ANAKG1

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN

730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

September 14, 2017

Tim Montalto
Callahan and Montalto Site Construction
800 Main Street
Holden, MA 01520

Dear Mr. Montalto:

The Board of Selectmen will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, September 25th in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:15 p.m. It is not a requirement that you attend the meeting.

If you have any questions, please do not hesitate to contact this office.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka
Board Administrator

MAK:fr