



Town of Winchester  
Board of Selectmen, 71 Mt. Vernon Street, Winchester, MA 01890

### STAGING PERMIT APPLICATION

Complete this application and return it to the Winchester Board of Selectmen. Under no circumstances may work be started until an approved Staging Permit is obtained, and the appropriate fees (\$25) paid in full. *Please make check out to Town of Winchester.*

The undersigned respectfully applies for a permit to erect staging/ladders for the purpose of:

Signage on 730 Main Street  
\_\_\_\_\_  
\_\_\_\_\_

Requested dates of use of Town property: \_\_\_\_\_

Proposed sign location (if applicable): \_\_\_\_\_

Business/Owner: Nuno Pithores Telephone: 781-718-7260

Business Owner's Address: 730 Main Street

Property Owner: Leonard J. Sortino Telephone: 781-454-5803

Property Owner's Address: Bullard Rd, Woburn, MA 01801

Staging Contractor: FAST SIGNS Telephone: 781-938-7700

Staging Contractor's Address: 400 West Cummings Park Woburn, MA 01801

The Board of Selectmen may request that the Design Review Committee, prior to approval, review this application.

*I hereby certify that the dimensions and other information on this application and plans or sketch submitted herewith are correct, and that all applicable provisions of Statutes, Regulations and By-Laws will be complied with. The above is subscribed to and executed by me under the penalties of perjury in accordance with Section 1-A of Chapter 268, General Laws.*

Signature of the Owner or Lessee: Nuno Pithores Date: 11/19/19

<b>For office purposes only:</b>			
Has the petitioner filed with the Town an insurance policy in the amount of \$300,000 for bodily injury, \$500,000 per accident, and \$300,000 in property damage naming the Town of Winchester as co-insured?	Yes ___	No ___	
Has the Winchester Building Department approved a Sign Permit?	Yes ___	No ___	Date ___
Referred to the Design Review Committee	Yes ___	No ___	Date ___
Approval date by the Board of Selectmen			Date ___



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/17/2018

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> Dadgar Insurance Agency, Inc. 400 West Cummings Park Suite 6725 Woburn, MA 01801	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): <b>781-933-2626</b>		FAX (A/C No): <b>781-932-6341</b>	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b> Fast Signs Business Signs, LLC: dba 400 West Cummings Pk Ste 1850 Woburn, MA 01801	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Am Trust North America</b>		<b>25011</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			
<b>INSURER F :</b>				

**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		
A	GENERAL LIABILITY			WPP1585104 00	10/16/2017	10/16/2018	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			WUM1585105 00	10/16/2017	10/16/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$	
A	UMBRELLA LIAB			WUM1585105 00	10/16/2017	10/16/2018	EACH OCCURRENCE	\$ 1,000,000	
	EXCESS LIAB						AGGREGATE	\$ 1,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

Town of Winchester Additional Insured  
Sign Install

<b>CERTIFICATE HOLDER</b> Town of Winchester 71 Mount Vernon Street Winchester, MA 01890	<b>CANCELLATION</b> 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 