



Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111
 Workers' Compensation Insurance Affidavit

NAME: _____

location: 78 Ashme Street

city: Quincy phone # 536 3200

I am a homeowner performing all work myself

I am a sole proprietor and have no one working in any capacity

I am an employer providing workers' compensation for my employees working on this job.

company name: Adam Quenneville Roofing

address: 140 Old Lyman Rd

city: South Hadley phone#: 536 5955

insurance co.: AJM Mutual policy#: AWC 7012861012007

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have

the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone#: _____

insurance co.: _____ policy#: _____

company name: _____

address: _____

city: _____ phone#: _____

insurance co.: _____ policy#: _____

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 and/or one year's 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: 12-4-07

Print name: Adam Quenneville Phone # 413 536 5955

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

Licensing Board

Selectmen's Office

Health Department

Other _____

check if immediate response is required

contact person: _____ phone #: _____

KB



160 Old Lyman Road, South Hadley, MA 01075

The Premium Choice
We Are Licensed

1-800-NEW-ROOF • 413-536-5955

Website: www.1800newroof.net

Insured

Email: info@1800newroof.net
MA Construction Supervisors Lic. #070626

MA Registration #120982

Factory Certified Installers

Member of the Home Builder's Association of Western Mass.

CT Registration #575920

Member of the Building & Trade Association

Member of the Better Business Bureau

P.P.C. 38710

Proposal Submitted To: DAVI GABN	Date 11-28-07	Phone #'s H: 413-536-3242 Cell:
Street Gerald Donovan		Mail To:
City, State, Zip Code Chicago IL 01013		Special Requirements Cut in new lead around chimney yes - No X Int'l 1
Proposed to furnish and install the following <input type="checkbox"/> Re-Roof <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Gutter		
Complete Roof Preparation		
<input checked="" type="checkbox"/> Home exterior to be protected by tarps and plywood		
<input checked="" type="checkbox"/> Shrubs, landscaping, trees to be protected		
<input checked="" type="checkbox"/> Entire existing roofing material to be removed to existing decking, including flashing, etc.		
<input checked="" type="checkbox"/> Site to be cleaned everyday with roll magnet debris removed at project completion		
<input checked="" type="checkbox"/> Deteriorated existing decking replaced at \$2.59 per sq. ft. \$1.50 per sheet		
<input checked="" type="checkbox"/> <u>White</u> Brown 8 inch metal drip edge installed at eaves and rakes <input type="checkbox"/> White/ Brown 5 inch for re-roof only		
<input checked="" type="checkbox"/> New flashing will be installed where necessary (see Special Requirements)		
<input checked="" type="checkbox"/> Install new pipe boot flashing		
<input checked="" type="checkbox"/> We shall acquire all appropriate permits etc. for all roofing work		
Complete Roofing System		
<input checked="" type="checkbox"/> ELK Leak Barrier installed at all eaves to protect from ice dams (and meet codes in the north)		
<input checked="" type="checkbox"/> ELK Leak Barrier installed in all valleys, around penetrations, and chimneys to protect critical areas		
<input checked="" type="checkbox"/> 15 pd. reinforced underlayment installed over entire decking		
Shingles:		
<input checked="" type="checkbox"/> ELK Prestique® Series <input checked="" type="checkbox"/> 30 year <input type="checkbox"/> 50 year Color <u>Peuter Gray</u> ?		
<input checked="" type="checkbox"/> Nailable ridge vent will be installed		
<input checked="" type="checkbox"/> ELK ridge cap shingles		
Warranty Options:		
<input checked="" type="checkbox"/> We guarantee our workmanship for <u>10</u> full years		
<input type="checkbox"/> ELK10-Year Umbrella Coverage Limited Warranty upgrade.		
<input type="checkbox"/> ELK15-Year Umbrella Coverage Limited Warranty upgrade.		



We Propose hereby to furnish materials and labor - complete in accordance with above specifications for the sum of:

Total Sale Price \$ 4,500 Down Payment \$ 1,500 Upon Completion \$ 3,000

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will be 1/3 down upon signing, and balance due upon completion. Unpaid balances shall accrue with interest at 18% per annum. Purchaser(s) will pay for all costs, expenses and reasonable attorney's fees incurred by Adam Quenneville Roofing and Siding, Inc. to recover any sums due under this contract.

Date: 11-28-07 Signature: [Signature] Phone # 413-536-3242
Date: 11-28-07 Estimator's Signature: [Signature]
Estimates are honored for sixty (60) days from above date

ATTENTION HOMEOWNERS: Please cover all personal belongings in the attic, garage or storage areas due to the possibility of roofing debris or dust coming in through cracks of the wood. Adam Quenneville Roofing and Siding will not be responsible for debris or dust in the attic or storage areas.

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR #1
ADAMO-3
DATE (MM/DD/YYYY)
11/21/07

PRODUCER
Remillard Insurance Agency, Inc
79 Lyman Street
South Hadley MA 01075
Phone: 413-538-7862 Fax: 413-538-7179

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
Adam Quehneville Roofing Inc
PO Box 612
South Hadley MA 01075

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: AXA Mutual Insurance Company
INSURER B: ST Paul / Travelers Insurance
INSURER C: Penn America Ins., Co.
INSURER D:
INSURER E:

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 POLICY LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY	SDB1015632	06/23/07	06/23/08	EACH OCCURRENCE \$ 1000000
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER <input type="checkbox"/> PER <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
B	AUTOMOBILE LIABILITY	BA7354L006	11/21/07	11/21/08	COMBINED SINGLE LIMIT (Per accident) \$ 1000000
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIREN AUTOS				AUTO ONLY - EA ACCIDENT \$
	NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
					AUTO ONLY: AGG \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	ANY AUTO				AGGREGATE \$
					\$
					\$
	EXCESS/UMBRELLA LIABILITY				\$
	OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	2MCT019733012007	09/16/07	09/16/08	<input checked="" type="checkbox"/> WC STATE - OTH-ERY LIMITS \$ 100000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT \$ 100000
	If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - EA EMPLOYEE \$ 100000
	OTHER				EL DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER

TOWNMONT

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL, 10 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
Stephan E. Kador

COPY