



**Boxford Fire Department
6 MIDDLETON ROAD
BOXFORD, MA 01921**



Inspection Findings Report

Inspection Information

Inspection #: 2022-43 FAR CORNER GOLF: GRILLE: 5 BARKER
 Inspection Date: 10/28/2022 ROAD BOXFORD MA 01921 N/A N/A
 Structure/Property: FAR CORNERS GOLF COURSE
 5 BARKER ROAD BOXFORD MA 01921
 Inspection Contact: BOB FLYNN
 Inspection ID: IN Inspection Reference ID:
 Inspection Status: 11/02/2022
 Inspection Type: ANNUAL Inspection Conducted Date: 10/28/2022

The Boxford Fire Department conducted a fire safety inspection at the location and date referenced above. As result of this the inspection I have enclosed/attached the fire departments - Field Fire Safety Inspection Report.

Inspection Findings/Action Requested

Item #: 1 Exterior Vegetation
 Action Requested: Alter To Become Compliant
 Notes/Comments: RELOCATE MULCH, BUSHES TO MAINTAIN 18" CLEARANCE TO BUILDING / Per Chapter 10 Mulch shall not be newly applied within 18 inches of any combustible portion of any building
 Reference/Rationale: 527 CMR 1 Chapter 10 General Safety Requirements
 10.1 Fundamental Requirements

#: 2 Carbon Monoxide Alarms
 Action Requested: Add To Become Compliant
 Notes/Comments: INSTALL CARBON MONOXIDE DETECTION IN BASEMENT / Per Chapter 148 Every dwelling, building or structure, including those owned or operated by the commonwealth, occupied in whole or in part for residential purposes that utilizes fossil fuel must have Carbon Monoxide Detectors per code.
 Reference/Rationale: Mass General Laws Chapter 148

Item #: 3 FLAMMABLE STORAGE
 Action Requested:
 Notes/Comments: COMPLETE FLAMMABLE STORAGE PERMIT- MORE THAN 42 LBS LIQUID PROPANE FOUND UNDER DECK / ...storage cabinets and where the total aggregate quantity does not exceed 180 gallons.
 Reference/Rationale: NFPA 30
 9.5 Special Occupancy Limits
 9.6.2.2- For the occupancies specified in 9.6.2.1, storage in excess of 10 gal of Class I and Class II liquids combined or in excess of 60 gal of Class IIIA liquids shall be permitted where stored in flammable liquid

Inspection Comments/Remarks

Auto-Generated from Fire Incident#: 2022000002058

Thank you in advance for helping the Boxford Fire Department fulfill its primary mission, the protection of life and property. If you have any questions about the inspection process, please call 978-887-5725

Next Scheduled Inspection (Dates and times of scheduled inspections are subject to change)

Saturday, October 28, 2023 12:00AM Next Inspection Type:

Inspection Documented by:
 FIREFIGHTER KATIE COLANGELO



The Commonwealth of Massachusetts

Town of Boxford

New and Renewal Certificate of Inspection

In accordance with 780 CMR, Chapter 1 (The Eighth Edition of the Massachusetts State Building Code) and Chapter 304 of the Acts of 2004 (an Act to further enhance fire and life safety), this certificate of inspection is issued to the premise or structure or part thereof as herein identified.

Issued to	<i>Identify Name of Establishment</i>			Certificate No.	
	Far Corners Golf Course – Kitchen/Function Room			L20-003	
Located at	<i>Identify property address including street number, name, city or town and county</i>				
	5 Barker Road – Boxford MA 01921				
Use Group Classification(s)	Basement	Kitchen	Bar /Function	Lower Function	Other
	B-2	B-2	A-2	A-2	
Allowable Occupant Load	< 10	< 10	< 50	< 50	

This certificate of inspection is hereby issued by the undersigned to certify that the premise, structure or portion thereof as herein specified has been inspected for general fire and life safety features. This certificate shall be framed behind clear glass and/or laminated and posted in a conspicuous place within the space as directed by the undersigned. *Failure to post or tampering with the contents of the certificate is strictly prohibited.*

Name of Municipal Fire Chief	Brian Geiger	Name of Municipal Building Commissioner	Peter Delaney	Date of Inspection	10/28/2022
Signature of Municipal Fire Chief		Signature of Municipal Building Commissioner		Date of Issuance	<i>11-2-2022</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2022

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 Insurance Solutions Corporation 60 Westville Rd Plaistow NH 03865		CONTACT NAME: Linda Bogdanowicz PHONE (A/C, No, Ext): (603) 382-4600 FAX (A/C, No): (603) 382-2034 E-MAIL ADDRESS: lindab@isc-insurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Union Insurance Company	NAIC # 25844
INSURED FAR CORNER FARM GOLF COURSE INC 5 BARKER ROAD BOXFORD MA 01921		INSURER B: Acadia Insurance	31325
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL22102156102

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA5094479-18	3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAA5094482-19 MAA5094486-19	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			CUA5094484-19	3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Robert, Joanne, Janna Flynn are excluded. WCA5242906-16 3A: MA	3/1/2022	3/1/2023	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Liquor Liability			CPA5094479-19	3/1/2022	3/1/2023	Each Occurrence Limit	\$1,000,000
							Aggregate Limit	\$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION ONLY	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 Keith Maglia/SGARGA

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**FAR CORNER FARM
GOLF COURSE, INC.**
5 BARKER ROAD
BOXFORD, MA 01921

REMITTANCE ADVICE					

3102

53-179/113

PAY FIVE HUNDRED 00/100 DOLLARS

DATE	TO THE ORDER OF	TO THE ORDER OF	NET AMOUNT
10-21-22	TOWN OF BOXFORD	LIQ. LICENSE	500 00



Eastern Bank

LYNN, MA 01901
24 HOUR SERVICE 1-800-EASTERN

⑈003102⑈ + ⑈011301798⑈ 60 0350235⑈



MP