354-16

APPLICATION FOR
PERMIT FOR STREET OBSTRUCTION
(Under New Bedford City Code, Chapter 22)

New Bedford, Mass: 11-2-16

To the Mayor and City Council:

The undersigned respectfully requests permission to obstruct

Location of obstruction applied for
(Number of building and side of street)

222 Union Street Pleasant st side

for purpose of Fencing / staging

Material of outside walls of building _____

Time provided in contract for completion of work _____; if no contract, the estimated time required to complete the construction, rebuilding or repairs _____

Time for which space is applied 11/7/16 - 2/7/17

Space proposed to be obstructed in street or sidewalk:

Length 120 ft

Projection into sidewalk entire width

Projection into roadway 10 +/-

Nature of obstructions staging

Provisions made for travelers opposite side

As further consideration for this permit, the applicant shall hold the City of New Bedford harmless and indemnify it for any and all injury to loss, cost, damage, expense, (including reasonable attorneys fees) and liability on account of the obstruction in the street and/or sidewalk and any work done in connection therewith.

Signature of Applicant _____

Company Charlie Hauk / Southcoast Improvement

Address 208 Wareham Rd.
Marion, MA 02738

Telephone # 508-748-6545

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 11/2/16

(I do) consent to the above application.
do not

I suggest the following conditions be included in permit N/A

Manuel A. Silva
~~Commissioner of Public Infrastructure~~

Consent of the Commissioner of Buildings Deputy Commissioner

(I do) consent to the above application
do not

11-2-16

I suggest the following conditions be included in permit _____

Commissioner of Buildings

222 Union ST

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/2/2016

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: Darlene Mulcahy
Malcolm & Parsons Insurance Agency 713 Washington Street P.O. Box 527 Stoughton MA 02072	PHONE (A/C, No, Ext): (781) 344-3200 FAX (A/C, No): (781) 344-1425 E-MAIL ADDRESS: dm@malcolmandparsons.com
INSURED	**INSURER(S) AFFORDING COVERAGE** — **NAIC #**
South Coast Improvement Company 208 Wareham Road Marion MA 02738-1146	INSURER A: Travelers Ins Co — 10804 INSURER B: Starstone/Torus National Ins Co INSURER C: Travelers Casualty Ins Co — 19046 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL164503694 **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 X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: x POLICY PRO-JECT LOC OTHER:	X		CO 6G803292	1/19/2016	1/19/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ $ $ $ $ $ $	1,000,000 300,000 5,000 1,000,000 2,000,000 2,000,000 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BA 6G804749-16	1/19/2016	1/19/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
B	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			17083E160ALI	4/1/2016	4/1/2017	EACH OCCURRENCE AGGREGATE	$ $	5,000,000 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB7G08982	1/19/2016	1/19/2017	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)

General Contractor for Construction and Renovations
City of New Bedford is additional insured with respect to General Liability when required by written contract.

CERTIFICATE HOLDER

susan.henriques@newbedford

City of New Bedford

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

Amne Parsons/DARL Amne Parsons