

Permit # 32-18
Dig Safe # 2018-0309461
Date: 11-19-18

APPLICATION / AGREEMENT

For Trench ~~Disturbance~~ Permit within the City of New Bedford

This permit shall be posted at the work site, and shall remain until the work is completed. It is subject to inspection at all times.

Front St
Parab/Pace Project

TO THE MAYOR AND CITY COUNCIL: ~~Disturbance~~ PERMIT 7 TRENCH SAFETY PERMIT

Permission is hereby requested to excavate the surface of: City Property and or Private Property

Location of work: (Elm St Corner x MacArthur Drive)
Front St.
Front Pump Station

Substantially as per plan annexed, for the purpose of: New Sewer manholes, piping, fire hydrant
Install.

Work will begin (weather permitting) on: 11/19/18
Work will end (weather permitting) on: 2/19/18.

Applicant Name: Michael Adams
Company Name: Wes Const. Corp 781-294-1080
Excavator(s) Name: Kevin Lilao 508-509-5094
Hoisting Equipment License Number: HE 115990
Grade: 2A Expiration Date: 7-20-20

Contact Name: Mike Adams, Cell: 508-328-5704 Name & Contact Number of Insurer: 781-294-1080
Approved By: Stephen Cuyler Date: 11-19-2018
Title: Engineering Supervisor

Provide Sketch

Roadway closures will require authorization from the Commissioner of Public Infrastructure.
Traffic management plans may be required.
For inspection only a 24 hour notice is required and the Contractor / Applicant is required to notify the D.P.I. @ 508-979-1550 Press 4 Repair. Permit Expires in 1 year.

Note: permit fee waived due to it being a
City project performed under RFP by
awarded contractor. S. Crumpton
11-19-2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/19/2018

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 have ADDITIONAL INSURED provisions or 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 The Driscoll Agency 93 Longwater Circle Norwell MA 02061	CONTACT NAME: Elisabeth McLeod	FAX (A/C, No): 781-681-6686	
	PHONE (A/C, No, Ext): 781-681-6656	E-MAIL ADDRESS: emcleod@driscollagency.com	
INSURED 3275 Wes Construction Corp. Wes Equipment Company, LLC 650 Industrial Drive Halifax MA 02338	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United States Fire Insurance Co		21113
	INSURER B : Illinois Union Ins. Co.		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 54348471 **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 <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	543-2214123	7/1/2018	7/1/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	133-7439141	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	523-8087084	7/1/2018	7/1/2019	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	408-7342791	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Contractors Pollution Occurrence Form \$25,000 Deductible	Y		CPY G27370202 005	7/1/2018	7/1/2019	Each Loss Aggregate	5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Front Street Pumping Station and Merrimac Street Pumping Station Rehabilitation, New Bedford, Massachusetts

The City of New Bedford, Massachusetts and CDM Smith, and their officers, directors, partners, employees and other consultants and subcontractors are named as additional insureds with respect to the insured's Commercial General Liability and Automobile Liability Insurance Policies. All insurers waive all rights of subrogation against the City of New Bedford, Massachusetts and CDM Smith, their officers, directors, partners, employees and other consultants and subcontractors. All insurance is primary for all claims covered thereby. Commercial General Liability Insurance includes contractual liability coverage.

CERTIFICATE HOLDER City of New Bedford Department of Public Infrastructure 133 William Street New Bedford MA 02740	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
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