



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

New Bedford, Mass: August 29, 2019

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)
800 Purchase Street (BCC)

for purpose of Crane work

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 Sept. 3 - Sept 17th

Space proposed to be obstructed in street or sidewalk:

Length 80 Ft.

Projection into sidewalk 1/2 width

Projection into roadway 13 Ft.

Nature of obstructions CONSTRUCTION Debris

Provisions made for travelers

opposite side of street

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

Gibson Roofs, Inc.

Address

369 Winter Street

Hanover, MA 02339

Telephone #

781-826-6344

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass.

8-29-19

I do consent to the above application.
do not

I suggest the following conditions be included in permit
caution tape and barrels.

Commissioner of Public Infrastructure

Consent of the Commissioner of Buildings

I do consent to the above application
do not

I suggest the following conditions be included in permit

Commissioner of Buildings

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

GIBSO-1 OP ID: RS
DATE (MM/DD/YYYY) 08/29/2019

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 DeSanctis Insurance Agcy, Inc. 100 Unicorn Park Drive Woburn, MA 01801	CONTACT NAME: PHONE (A/C, No, Ext): 781-935-8480 FAX (A/C, No): 781-933-5645 EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Continental Insurance Company NAIC # 35289 INSURER B : Columbia Casualty Company 31127 INSURER C : National Fire Ins of Hartford 20478 INSURER D : INSURER E : INSURER F :
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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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☒ PROJECT ☐ LOC OTHER:		4020993541	05/01/2019	05/01/2020	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 - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ALL OWNED AUTOS ☐ SCHEDULED AUTOS HIRED AUTOS ☐ NON-OWNED AUTOS		4020993569	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000		4020993555	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) YES: Describe under DESCRIPTION OF OPERATIONS below	N/A	WC420993572 MA, FL	05/01/2019	05/01/2020	PER STATUTE ☒ OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 Limits \$1M/\$3M Limits 3,300,000
B	Pollution Liability		6024625384	05/01/2019	05/01/2020	
A	Install Floater		4020993541	05/01/2019	05/01/2020	

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

PROJECT: Bristol Community College Roof Replacement, 800 Purchase Street, New Bedford MA. "ADDITIONAL INSURED'S LIMITS ARE NO GREATER THAN THOSE REQUIRED BY WRITTEN CONTRACT" Additional Insured as respects GL: City of New Bedford

CERTIFICATE HOLDER	CANCELLATION
City of New Bedford 133 William Street New Bedford,, MA 02740	NEWBE-3 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 