90-19

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

New Bedford, Mass: APRIL 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)

186 NORWELL STREET

for purpose of DUMPSTER

Material of outside walls of building _____

Time provided in contract for completion of work 5/1 - 5/10/19; if no contract, the estimated time required to complete the construction, rebuilding or repairs _____

Time for which space is applied _____

Space proposed to be obstructed in street or sidewalk:

Length 10 + yards

Projection into sidewalk N/A

Projection into roadway 7½ FT

Nature of obstructions Dumpster

Provisions made for travelers around

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 Nico Hardy

Company J.P. NOONAN TRANSPORTATION, INC.

Address 415 WEST STREET
WEST BRIDGEWATER, MA 02379

Telephone # _____

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 4/29/19

I do consent to the above application.
do not

I suggest the following conditions be included in permit _____

ROADWAY CLOSURES WILL REQUIRE AUTHORIZATION FROM THE COMMISSIONOR OF PUBLIC INFRASTRUCTURE. TRAFFIC MANAGEMENT PLANS MAY BE REQUIRED.

Donna M. Aguiar

Commissioner of Public Infrastructure

Consent of the Commissioner of Buildings Admin Manager

I do consent to the above application
do not

4-29-19

I suggest the following conditions be included in permit _____

Commissioner of Buildings

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
April 29, 2019 11:32:44 AM EDT	5085592138	28	1	Received

2019-04-29 11:31 clnoonan 5085592138 >> City of New Bedford P 1/1

CL NOONAN
CONTAINER SERVICE, INC.

415 West Street, P.O. Box 400
West Bridgewater, MA 02379

Dir. 508-521-6091
Tel. 800-922-9026
Fax: 508-559-2138

Date 4-29-19

Board of Health

Fax 508-979-1451

To Whom It May Concern:

We hereby authorize NICO HARDY to use our street bond in order to obtain a permit to place a dumpster at 686 NORWELL ST in NEW BEDFORD, MA.

Please feel free to call us with any questions

Very truly yours,

CL Noonan Container Service, Inc.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/29/2019

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
Moses Brothers Insurance
855 Reservoir Avenue, Suite 1
Cranston, RI 02910
(Ph) 401-437-8200 : (Fax) 401-437-8202

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Markel American Insurance Company	28932
INSURER B:	National Union Fire Insurance Company	19445
INSURER C:	Lexington Insurance Company	19437
INSURER D:	Federal Insurance Company	20281
INSURER E:	New Hampshire Insurance Company	23841
INSURER F:		

INSURED
J.P. Noonan Transportation, Inc.
415 West Street
West Bridgewater, MA 02379 (fax) 508-587-0317

COVERAGES **CERTIFICATE NUMBER: 10,393** **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	
B	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [X] Retention - $100,000 GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC			6412217	04/08/2019	04/08/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 250,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [X] MCS-90			4993164 4993165 Includes Forms: CA9948 & MM9955	04/08/2019	04/08/2020	COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
C	[X] UMBRELLA LIAB [X] OCCUR			018196379	04/08/2019	04/08/2020	EACH OCCURRENCE	$ 3,000,000
D	[X] EXCESS LIAB [ ] CLAIMS MADE [ ] DED [ ] RETENTION $			79882575	04/08/2019	04/08/2020	AGGREGATE Each Occ/Aggregate	$ 3,000,000 $ 10,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			014649116	04/08/2019	04/08/2020	[X] WC STATU-TORY LIMITS [ ] 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
A	Real & B.P.P./Motor Truck			MKLM6IM0052450	05/27/2018	05/27/2019	$15,000,000 Loss Limit - Real & B.P.P. / Scheduled Vehicles	
B	Cargo Liability Pollution Liability			PPIG27844881004	03/01/2019	03/01/2020	$5,000,000 Limit / $100,000 Deductible	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance
Supplemental Name
J.P. Noonan Transportation, Inc.
(See Attached Descriptions)

CERTIFICATE HOLDER
City of New Bedford
133 William Street
New Bedford, MA 02740
FAX# 508-979-1451

CANCELLATION Certificate ID 10,393
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
Lawrence D. Noonan, Sr.