Permit # 489-2020

Dig Safe # _____

Date Issued: NOVEMBER 30, 2020

APPLICATION / AGREEMENT

For 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.

TO THE MAYOR AND CITY COUNCIL: / DISTURBANCE PERMIT

Permission is herby requested to excavate the surface of: / City Property

Location of work: 396 COUNTY STREET (ROTCH-JONES-DUFF HOUSE & GARDEN MUSEUM)
Madison Street between County and Seventh Street

Substantially as per plan annexed, for the purpose of: Digging up interceptors, Comcast Conduits

Work will begin (weather permitting) on: 12-2-2020

Work will end (weather permitting) on: 3-2-2021

Applicant Name: [illegible]

Company Name: R.W. BRYANT CONTRACTING, INC.

Excavator(s) Name: _____

Hoisting Equipment License Number: HOLLIS INSURANCE AGENCY

Grade: _____ Expiration Date: _____

Contact Name: _____

Name & Contact Number of Insurer: _____

Approved By: [signature] Date: 12-3-2020

Title: Asst. City Engineer

Roadway closures will require authorization from the Commissioner of Public Infrastructure.
Traffic management plans may be required.
For inspection, 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 3 Months from work start date.

Provide Sketch

INSURANCE

DATE (MM/DD/YYYY): 11/30/2020

...ER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ...ATE 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 Hollis Insurance Agency Inc The Pinehills 1 Village Green North STE 121 Plymouth MA 02360	CONTACT NAME: Jillian Hollis PHONE (A/C, No, Ext): (508) 209-0400 FAX (A/C, No): (508) 209-0444 E-MAIL ADDRESS: jhollis@hollisagency.com
INSURED R.W. Bryant Contracting, Inc. 31 Kathleen Dr. Plymouth MA 02360	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Harleysville Insurance Company INSURER B : The Commerce Ins. Co. — 34754 INSURER C : Guard Insurance INSURER D : Markel American Insurance Comp INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 2021 Master **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: [ ] POLICY [ ] PRO-JECT [ ] LOC OTHER:			MPA00000078319Y	11/08/2020	11/08/2021	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 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BHLLST	11/08/2020	11/08/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist BI	$ 1,000,000 $ $ $ $ 20,000
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CMB00000083454Y	11/08/2020	11/08/2021	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		R2WC188701	04/01/2020	04/01/2021	[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
D	EXCESS LIABILITY			MKLV1EUE100695	08/21/2020	11/08/2021	EACH OCCURENCE 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)

There is no exclusion for XCU coverage.

CERTIFICATE HOLDER

City of New Bedford
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

Robert L. Hollis Jr.

Dig up

MAPLE ST
MADISON ST
CHERRY ST
HOWLAND TER
RUSSELL ST
COUNTY ST
ORCHARD TER
HAWTHORN ST
MORELAND TER
GROVE ST
OCEAN ST
ATLANTIC ST
PARK ST
CLINTON ST
CHANCERY ST
HAWTHORN TER
IRVING ST
7TH ST
BLAIR HOUSE
VACANT
PAGE ST
MERIAM ST
STETSON ST
ASH ST
BORDEN ST
COTTAGE ST
ANTHONY ST
TABOR NURSING CENTER
TABER ST
BEDFORD ST
WAVERLY ST
WARD ST
WAVERLY PL
COLUMBIA ST
STONE ST
OAK ST
ALLEN ST
BAY ST
BRIGGS CT
GREEN ST
BONNEY ST
FOREST ST
SHERMAN ST
51 LUKES HOOP COLLINS HOUSE

SPLICE BLOCK	RING BLOCK	NODE BLOCK	FIBER COUNT	FIBER LABEL
POLE# / SPL#	RING CUT / POLE# / SPL#	POLE# / NODE#	[1]	

STRAND SYMBOLOGY

2020-09-02

COMCAST

237-542	237-543	237-544
236-542	236-543	236-544
235-542	235-543	235-544

LOCATION: New Bedford,MA

MAP: 236-543