

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 hereby 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: 10-2-2020

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

Applicant Name: ☒ R. W. BRYANT CONTRACTING, INC.

Excavator(s) Name: _____
Hoisting Equipment License Number: _____
Grade: _____
Expiration Date: _____
HOLLIS INSURANCE AGENCY

Company Name: _____

Contact Name: _____

Approved By: Stephen Cupina Date: 12-3-2020

Title: Asst. City Engineer

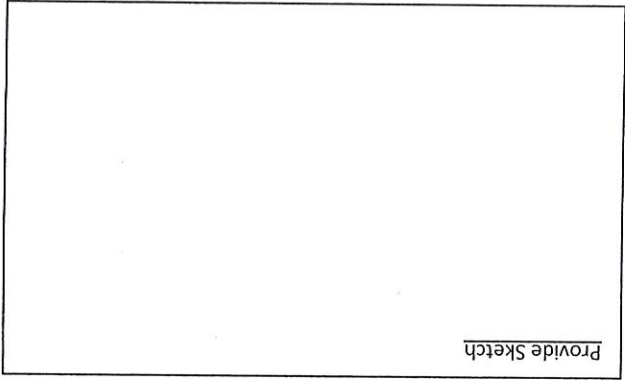
Roadway closures will require authorization from the Commissioner of Public Infrastructure.

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

THIS 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	CONTACT NAME Jillian Hollis PHONE Main: (508) 209-0400 Fax: (508) 209-0444 Email: jhollis@hollisagency.com ADDRESS: jhollis@hollisagency.com	FAX (A/C. No): (508) 209-0444
INSURER A : Harleyville Insurance Company	INSURER(S) AFFORDING COVERAGE	
INSURER B : The Commerce Ins. Co.	NAIC # 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	ADDITIONAL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 20,000 \$ EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:		MPA00000078319Y	11/08/2020	11/08/2021	
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED		BHLLST	11/08/2020	11/08/2021	
A	☒ UMBRELLA LIAB EXCESS LIAB		CMB00000083454Y	11/08/2020	11/08/2021	
	DED RETENTION \$					☒ PER STATUTE ☐ OTH-ER
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/INSURER EXCLUDED? (Marked "N" only in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	R2WC188701	04/01/2020	04/01/2021	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	EXCESS LIABILITY		MKL1EUE100695	08/21/2020	11/08/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 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

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.

City of New Bedford
133 William Street

New Bedford

MA 02740

AUTHORIZED REPRESENTATIVE

Robert L. Hollis Jr.



SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
	SPICE BLOCK		RING BLOCK
	NODE BLOCK		FIBER COUNT
	FIBER LABEL		STRAND SYMBOL
	REFERENCE SYMBOL		CELL TOWER

SPICE BLOCK

1. TOWN, STATE NAME

2. TOWN, STATE NAME

RING BLOCK

1. TOWN, STATE NAME

2. TOWN, STATE NAME

NODE BLOCK

1. TOWN, STATE NAME

2. TOWN, STATE NAME

FIBER COUNT

1. TOWN, STATE NAME

2. TOWN, STATE NAME

FIBER LABEL

1. TOWN, STATE NAME

2. TOWN, STATE NAME

STRAND SYMBOL

1. TOWN, STATE NAME

2. TOWN, STATE NAME

REFERENCE SYMBOL

1. TOWN, STATE NAME

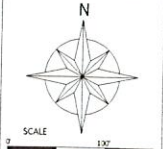
2. TOWN, STATE NAME

CELL TOWER

1. TOWN, STATE NAME

2. TOWN, STATE NAME

2020-09-02



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

LOCATION: New Bedford, MA

M.A.D. 236-543