



197-2020

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

To the Mayor and City Council:

New Bedford, Mass.: July 28, 2020

The undersigned respectfully requests permission to obstruct

Location of obstruction applied for
(Number of building and side of street)

149 Williams Street/ Mechanics Lane side (First Baptist Church)

for purpose of Boom Lift (Painting back of Church)

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 8 AM - 4 PM

Time for which space is applied 8/3/2020 - 8/21/2020

Space proposed to be obstructed in street or sidewalk:

Length 45 ft
8 +/-

Projection into sidewalk 20 ft

Projection into roadway yes

Nature of obstructions Boom Lift

Provisions made for travelers ~~opposite side~~ Blocker off

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

RMR Associates, Inc.

Address

637 Church Street

New Bedford, MA. 02745

Telephone #

508-789-1344

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass.

7/30/2020

I do consent to the above application.
do not

I suggest the following conditions be included in permit

I do consent to the above application
do not

Consent of the Commissioner of Buildings

Manuel H. Silva
Commissioner of Public Infrastructure
Deputy Commissioner

I suggest the following conditions be included in permit

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/20

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

McKay Insurance LLC.
3393 Acushnet Ave.
New Bedford, MA 02745

CONTACT NAME: Kimberly McKay
PHONE: 508-998-0002
FAX: 508-998-0009
FAC No. Ext.:
EMAIL: McKayIns@yahoo.com
Address:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

RMR ASSOCIATES INC.
ROBERT RIVET
637 CHURCH ST.
NEW BEDFORD, MA 02745

INSURER A : ADMIRAL INSURANCE CO.
INSURER B : SAFETY
INSURER C : LIBERTY MUTUAL
INSURER D : ADMIRAL INSURANCE CO.
INSURER E :
INSURER F :

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 SUBROGATION (Y/N)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/DOP AGG \$ 3,000,000 POLLUTION \$ 3,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 250,000
<input checked="" type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
<input checked="" type="checkbox"/>	POLLUTION COVERAGE					
<input checked="" type="checkbox"/>	LEAD LIABILITY	X	ENC0002920-01	12/15/19	12/15/20	
<input checked="" type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> JECT <input type="checkbox"/> LOC					
	OTHER:					
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY					
<input type="checkbox"/>	ANY AUTO OWNED					
<input checked="" type="checkbox"/>	AUTOS ONLY HIRED	X	6219862	09/27/19	09/27/20	
<input checked="" type="checkbox"/>	AUTOS ONLY NON-OWNED	X				
<input checked="" type="checkbox"/>	AUTOS ONLY	X				
<input type="checkbox"/>	UMBRELLA LIAB					
<input type="checkbox"/>	EXCESS LIAB					
<input type="checkbox"/>	OCCUR					
<input type="checkbox"/>	CLAIMS-MADE					
<input type="checkbox"/>	DED					
<input type="checkbox"/>	RETENTION \$					
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	*				
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED?					
<input type="checkbox"/>	Y/N					
<input type="checkbox"/>	MANDATORY IN NH					
<input type="checkbox"/>	DESCRIPTION OF OPERATIONS below	N/A	WC531S613183020	07/01/20	07/01/21	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 TOOLS \$ 15,000
<input type="checkbox"/>	DESCRIPTION OF OPERATIONS below					
<input type="checkbox"/>	INLAND MARINE		ENC0002920-01	12/15/19	12/15/20	

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

WORKERS COMPENSATION COVERAGE INCLUDES COVERAGE FOR CLASS CODES 5474 LEAD LIABILITY.
LEAD LIABILITY COVERAGE INCLUDED ON GENERAL LIABILITY POLICY AS WELL.
A 30 DAY NOTICE OF CANCELLATION OF ANY POLICY LISTED IS PROVIDED TO THE CERTIFICATE HOLDER.
THE CITY OF NEW BEDFORD IS LISTED AS ADDITIONAL INSURED FOR THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES.

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 ST
NEW BEDFORD, MA 02740

AUTHORIZED REPRESENTATIVE

Kimberly McKay