



271-2020

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

To the Mayor and City Council:

New Bedford, Mass.: September 24, 2020

The undersigned respectfully requests permission to obstruct

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

for purpose of Dumpster

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 9-29-2020 - 10-29-2020

Space proposed to be obstructed in street or sidewalk:

Length 18 ft + 1 -

Projection into sidewalk N/A.

Projection into roadway 8 ft.

Nature of obstructions dumpster

Provisions made for travelers opposite side

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 attorney's 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

Address

Telephone #

All State Waste, Inc.

582 Bedford Street

Bridgewater, MA 02324

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass.

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

Commissioner of Public Infrastructure

I suggest the following conditions be included in permit _____

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/23/2020

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 The Getchell Companies 183 Great Road, Unit 15 PO Box 844 Stow MA 01775		CONTACT NAME: Christina Denny PHONE (A/C No. Ext): (978) 897-7773 FAX (A/C No.): (978) 897-1553 EMAIL: christina@getchellcompanies.com ADDRESS:	
INSURED All State Waste Inc. 582 Bedford Street Bedgewater MA 02324		INSURER(S) AFFORDING COVERAGE INSURER A: Kinsale Insurance Co INSURER B: Commerce Ins Co INSURER C: RSUI Indemnity Company INSURER D: MA Trade Self-Ins. Group Inc- NY Marine & General Ins INSURER E: INSURER F:	
		NAIC #	38920
		34754	22314
		16608	

COVERAGES
CERTIFICATE NUMBER: 2020-2021

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 INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000 SOM/BI/SED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ included
A	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	0100071458-2	08/12/2020	08/12/2021	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRER AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BHRHMM	08/12/2020	08/12/2021	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED: RETENTION \$ CLAIMS-MADE		NHA091060	08/12/2020	08/12/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPR/ETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in MA) If Yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	021004100257119	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE EL. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - EA EMPLOYEE \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)
City of New Bedford is named as an additional insured on general liability per form # CAS 5010.

CERTIFICATE HOLDER City of New Bedford	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.
New Bedford MA	AUTHORIZED REPRESENTATIVE Christina Denny