

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

78 Thomas Street

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 11-18-2020 to 12-1-2020

Space proposed to be obstructed in street or sidewalk:

Length 10 yd 12 ft

Projection into sidewalk N/A

Projection into roadway 8 width

Nature of obstructions Dumpster

Provisions made for travelers opposite side for travelers

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

Address

P.O. Box 227

East Greenwich, RI 02818

Telephone #

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 11-16-2020

I do consent to the above application.  
do not

I suggest the following conditions be included in permit \_\_\_\_\_

Commissioner of Public Infrastructure

Consent of the Commissioner of Buildings

I do consent to the above application  
do not

I suggest the following conditions be included in permit \_\_\_\_\_

Commissioner of Buildings



# CERTIFICATE OF LIABILITY INSURANCE

JAWWAST-01

LJUKIC

DATE (MM/DD/YYYY)  
11/10/2020

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

People's United Insurance Agency, Inc.  
1555 Lafayette Road  
Portsmouth, NH 03801

(860) 534-7600

CONTACT: Anna Gallant, ACSR, CISR, CRIS  
PHONE: (603) 399-6448-6265  
FAX: (603) 399-6448-6265  
E-MAIL: Anna.Gallant@assuredpartners.com  
Address: Anna.Gallant@assuredpartners.com

## INSURED

Jaw Waste Services, LLC  
PO Box 227  
East Greenwich, RI 02818

## INSURER(S) AFFORDING COVERAGE

INSURER	NAIC #
INSURER A: Crum & Forster Specialty	44520
INSURER B: Pilgrim Insurance Company	21750
INSURER C: Travelers Indemnity Co. of America	25666
INSURER D: Beacon Mutual Insurance Company	24017
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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	EPK132193	8/31/2020	8/31/2021	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 \$ 2,000,000 PRODUCTS - COMP AGG \$ 2,000,000 CONTRACTORS POL \$ 1,000,000 COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X		CSC00001009230	10/2/2020	10/2/2021	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB EXCESS LIAB X OCCUR DED X RETENTION \$ 0 CLAIMS-MADE		EFX115822	8/31/2020	8/31/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? Y/N (Mandatory in RI) Y N/A		6HUB-1K57842-5-20	9/1/2020	9/1/2021	X PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	RI Work Comp If yes, describe under DESCRIPTION OF OPERATIONS below		87409	7/17/2020	7/17/2021	1,000,000/1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)  
City of New Bedford is included as an Additional Insured, when required by written contract, per the terms, conditions and exclusions of the referenced General Liability policy.

## 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.

## AUTHORIZED REPRESENTATIVE

Katie Butler Rodriguez  
78 Thomas Street  
New Bedford, MA 02740

People's United Insurance Agency, Inc.