

APPLICATION / AGREEMENT
For DISTURBANCE PERMIT within the City of New Bedford

Permit # 472-2021
Dig Safe # 2021-430590
Date Issued: Oct. 28, 2021

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: 1 DISTURBANCE PERMIT

Permission is hereby requested to excavate the surface of: 1 City Property

Location of work: 32 Lincoln Street

Sewer Plan # 72

10229-17 / 1721-93

Substantially as per plan annexed, for the purpose of: Sewer Repair

Work will begin (weather permitting) on: Nov 1st, 2021

Work will end (weather permitting) on: Dec 1st, 2021

Applicant Name: _____

Excavator(s) Name: _____

Company Name: K.R. Resendes, Inc.

Hoisting Equipment License Number: _____

Grade: _____ Expiration Date: _____

Contact Name: _____

Name & Contact Number of Insurer: HUB International

Approved By: Dan M. Amador Date: 10/28/2021

Title: Admin Manager

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

Sewer Service Repair - 32 Lincoln Street, New Bedford, MA

Permits for K.R. Rezendes, Inc.

1. Go to City Clerk's office – City Hall 133 Williams Street, New Bedford - 2nd Floor
See Rae, give her the \$55.00 check for 2 permits (Street Obstruction and Disturbance Permit) – Also have copy of Insurance Certificate if she needs it.

Rae phone # (508) 979- 1455

2. At 2:00 bring both permits to New Bedford DPI at 1105 Shawmut Ave, New Bedford.
See Cheveli Torres -- she will review and have them signed. Bring both back to me.

Cheveli phone # (508) 979 – 1550 Ext: 67305



CERTIFICATE OF LIABILITY INSURANCE

KRREZEN-02

MBALA

DATE (MM/DD/YYYY)
10/28/2021

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 License # 1780862

HUB International New England
222 Milliken Boulevard
Fall River, MA 02721

CONTACT
NAME
PHONE (A/C, No, EXT) (508) 676-1971 FAX (A/C, No) (866) 415-5835
EMAIL
ADDRESS

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

K.R. Rezendes, Inc.
P.O. Box 879
3 Sammy's Lane
Assonet, MA 02702

INSURER A: Zurich American Insurance Company 16535
INSURER B: American Guarantee & Liability Insurance Company 26247
INSURER C: Illinois Union Insurance Company 27960
INSURER D:
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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GL0056478601	7/31/2021	7/31/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO <input checked="" type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		BAP056478801	7/31/2021	7/31/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ OCCUR CLAIMS-MADE 10,000		AUC092190501	7/31/2021	7/31/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC056478501	7/31/2021	7/31/2022	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Pollution / Environment		COOCG72535893001	8/1/2021	8/1/2022	Pollution Per Occ \$ 5,000,000
A	Equipment Floater		CPP254128301	7/31/2021	7/31/2022	Leased/Rented \$ 250,000

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

CERTIFICATE HOLDER

City of New Bedford
Dept. of Public Infrastructure
1105 Shawmut Ave
New Bedford, MA 02746

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

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: KRREZEN-02

MBAIA

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	License # 1780862		NAMED INSURED
HUB International New England	K.R. Rezendes, Inc.		
POLICY NUMBER	P.O. Box 879		
SEE PAGE 1	3 Sammy's Lane		
CARRIER	NAIC CODE	Assonet, MA 02702	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

XCU

Explosion, Collapse & Underground Property are not excluded from the General Liability policy

Building & BPP

Blanket Building Limit for most locations \$8,244,139

Blanket business Personal Property Limit for most locations listed on policy: \$888,899

AOP Deductible \$2,500

Coinsurance 90%

Scheduled Building coverages:

116 Pierce Ave Lakeville, MA 02347	Rezendes Family Limited	\$283,333	SCHEDULED
76 S Main St. Assonet, MA 02702	Rezendes Family LTD Partnership #2	\$226,667	SCHEDULED
78 S Main St Assonet, MA 02702	Rezendes Family LTD Partnership #1	\$255,000	SCHEDULED
22 Old Myricks St. Berkley, MA 02779-1708	Rezendes Family LTD Partnership	\$102,000	SCHEDULED

E&O Coverage

E&O coverage is included on the Pollution Liability policy
Insurance Company: Illinois Union Insurance Comapny

Policy # COO G72535893 001

Written on a Claims Made Basis

Limit: \$5,000,000

Effective: 8/1/2021-8/1/2022

Retroactive Date 8/1/2021

Retention : \$25,000

(DIG SAFE SYSTEM, INC - MA) 10/27/2021 07:16:16

-BB

-CN

-CP

-HK

*** INTERNET TICKET ***

***** REGULAR *****

TIME..07:16 DATE..10/27/2021

REQUEST NO...20214305901

STATE.....MASSACHUSETTS
MUNICIPALITY..NEW BEDFORD

ADDRESS..32
STREET...LINCOLN ST

NEAREST CROSS STREET 1..ARNOLD STREET

WORKING IN SIDEWALK

NATURE OF WORK..SEWER REPAIR

EXTENT OF WORK
SIDEWALK

AREA IS PREMARKED..YES

START DATE.....11/01/2021 START TIME..07:15

CALLER.....THOMAS COPELAND

TITLE.....

RETURN CALL.....

PHONE #.....508-644-5795

FAX #.....

ALT. PHONE #.....508-644-5796

EMAIL ADDRESS...TCOPELAND@KRREZENDES.COM

CONTRACTOR.....KR REZENDES INCORPORATED

ADDRESS.....PO BOX 879

CITY.....ASSONET

STATE.....MA

ZIP.....02702

EXCAVATOR DOING WORK..K.R. REZENDES, INC.