



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

400-2021

To the Mayor and City Council:

New Bedford, Mass.: OCTOBER 4, 2021

The undersigned respectfully requests permission to obstruct

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

MIDDLE STREET BETWEEN NORTH SIXTH STREET AND PLEASANT STREET  
(NEW BEDFORD HOTEL, 725 PLEASANT STREET)

for purpose of HOISTING AND RIGGING NEEDED TO REMOVE AND REPLACE A GENERATOR

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 October 13th 2021 1 Day only.  
Space proposed to be obstructed in street or sidewalk:

Length one way

Projection into sidewalk one sidewalk side will be closed.

Projection into roadway whole width

Nature of obstructions crane.

Provisions made for travelers street will be closed

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

Telephone #

BE CRANE CORP.  
158 CHARLES L MCCOMBS BLVD  
NEW BEDFORD, MA 02745  
617-655-6900

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 10-4-2021

☒ I do consent to the above application.  
☐ do not

I suggest the following conditions be included in permit Recommend police detail and street closure.

Wendy M. Dineen  
Commissioner of Public Infrastructure  
Consent of the Commissioner of Buildings Alma Manager

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

DATE (MM/DD/YYYY)  
10/04/2021

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 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 <b>TOMLINSON &amp; ONEIL INSURANCE AGENCY INC</b>		CONTACT NAME: AnnMarie Sampson	
271 UNION ST NEW BEDFORD MA 02740		PHONE (A/C No. Ext.): (508) 994-5678 FAX (A/C No.): E-MAIL: asampson@tdinsurance.com	
INSURED <b>BC CRANE CORP</b>		INSURER(S) AFFORDING COVERAGE INSURER A: ACE AMERICAN INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
158 CHARLES MCCOMBS BLVD NEW BEDFORD MA 02745		NAC # 22667	

COVERAGES

CERTIFICATE NUMBER: 702082

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	ADDL. SUBR. INSD. LYND.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP. (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC OTHER:		N/A			
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED HIRED AUTOS		N/A			
	UMBRELLA LMB EXCESS LMB OCCUR CLAIMS-MADE		N/A			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) Y / N N/A DESCRIPTION OF OPERATIONS below		6S6ZUB8H14119121	06/03/2021	06/03/2022	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
			N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.  
This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at [www.mass.gov/lwd/workers-compensation/investigations/](http://www.mass.gov/lwd/workers-compensation/investigations/).

CERTIFICATE HOLDER

CANCELLATION

City of New Bedford

133 William Street

New Bedford

MA 02740

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

Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA



CERTIFICATE OF LIABILITY INSURANCE

BC CRA-1

OP ID: AS

DATE (MM/DD/YYYY)  
10/04/2021

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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 Tomlinson & O'Neil Insurance Agency, Inc. 271 Union Street - P.O.Box 560 New Bedford, MA 02740 Mark S. Nunes		CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:		
INSURED BC Crane Corp 138 Charles McCombs Blvd New Bedford, MA 02745		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: The Commerce Insurance Co.		34754
		INSURER B: Northfield Insurance Co		
		INSURER C: Atlantic Specialty Insurance		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			WH000965	06/08/2021	06/08/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BCST41	05/16/2021	05/16/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	DED						PER STATUTE OTHR
	RETENTION \$						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WORKERS COMP TO BE ISSUED BY CARRIER DIRECTLY	790-02-25-74-0002	06/14/2021 06/14/2022	Occurrence \$ 30,000

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

CERTIFICATE HOLDER	CITYNEW	CANCELLATION
City Of New Bedford New Bedford City Hall 133 William St New Bedford, MA 02740		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 Mark S. Nunes