

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

New Bedford, Mass: OCTOBER 4, 2021

To the Mayor and City Council:

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)

I suggest the following conditions be included in permit
I do consent to the above application do not
I suggest the following conditions be included in permit Recommend Police attrible and
I do) consent to the above application.
ructure
NEW BEDFORD, MA 02745 Telephone # 617-655-6900
Company B C CRANE CORP. Address 158 CHARLES L MCCOMBS BLVD
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
Provisions made for travelers SHOOL Will Be CloSed
Nature of obstructions Crows.
Projection into roadway USOLL WICHL
Length One work
Space proposed to be obstructed in street or sidewalk:
Time for which space is applied October 13031 1 Day 00010.
Time provided in contract for completion of work; if no contract, the estimated time required to
Material of outside walls of building
for purpose of HOISTING AND RIGGING NEEDED TO REMOVE AND REPLACE A GENERATOR

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

TRODUCER	NAME:	AnnMarie Sampson	
TOMLINSON & O'NEIL INSURANCE AGENCY INC		PHONE (508) 994-5678 FAX (A/C, No. Ext): (508) 994-5678	No):
	ADDR	urance.com	
271 UNION ST		INSURER(S) AFFORDING COVERAGE	NAIC#
NEW BEDFORD	MA 02740 INSUR	INSURER A: ACE AMERICAN INSURANCE CO	22667
INSURED	INSUR	NSURER B :	
BC CRANE CORP	INSUR	NSURER C:	
	NSUR	NSURER D :	
158 CHARLES MCCOMBS BLVD	INSUR	NSURER E:	
NEW BEDFORD	MA 02745 INSUR	NSURER F :	
COVERAGES CERTIFIC	CERTIFICATE NUMBER: 702082	REVISION NUMBER:	

							_
TT	-	NS.	EXC	엹	N	I	
CLAIMS-MADE OCCUR	COMMERCIAL GENERAL LIABILITY	TYPE OF INSURANCE	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE	
	1000	ADOL SUBR	CH POLICIES, LIM	AY PERTAIN, THE	REQUIREMENT,	IES OF INSURAN	
	- Guide Manuella	POLICY NIMBER	ITS SHOWN MAY HAVE BEEN I	INSURANCE AFFORDED BY	TERM OR CONDITION OF AN	ICE LISTED BELOW HAVE BEE	
	(maxibor 1 1)	POLICY EFF POLICY EXP	REDUCED BY	THE POLICIE	IY CONTRACT	EN ISSUED TO	
· · · ·	(mm/DO/TTT)	POLICY EXP	PAID CLAIMS.	S DESCRIBED	OR OTHER E	THE INSURE	
DAMAGE TO RENTED PREMISES (Ea occurrence)	Citi			HEREIN IS SUBJECT TO	OCUMENT WITH RESPEC	D NAMED ABOVE FOR TH	
69		ń		O ALL THE TERMS.	H RESPECT TO WHICH THIS	'E FOR THE POLICY PERIOD	
						- 1	

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR GENT AGGREGATE LIMIT APPLIES PER: POLICY PROTECT LOC OTHER: ANY AUTO ANY AUTO AND AUTOS AUTOS HIRED AUTOS AUTOS CLAIMS-MADE EXCESS LIAB EXCESS LIAB EXCESS LIABILITY AND EMPLOYERS' LABILITY AND EMPLOYERS' LABILITY AND EMPLOYERS' LABILITY OFFICERYMEMBERS/CLUBED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	LTR TYPE OF INSURANCE
Y/N N/A N/A N/A	TYPE OF INSU
	RANCE
	ADOL SUBR
N/A N/A N/A	¥ GER
N/A N/A 6S62UB8H14119121	POLICY NUMBER
06/03/2021	(MM/DD/YYYY)
06/03/2021 06/03/2022	MM/DD/YYYY)
EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea accurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG S COMBINED SINGLE LIMIT S EACH OCCURRENCE (Per accident) S EACH OCCURRENCE AGGREGATE S EACH OCCURRENCE AGGREGATE S EACH ACCIDENT ELL EACH ACCIDENT ELL EACH ACCIDENT S ELL EACH ACCIDENT ELL DISEASE - POLICY LIMIT S ELL DISEASE - POLICY LIMIT S S S S EACH OCCURRENCE S AGGREGATE S AGGREGATE S ELL DISEASE - POLICY LIMIT S SOO,000 ELL DISEASE - POLICY LIMIT S S S S S S S S S S S S S S S S S S S	LIMITS

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/.

CERTIFICATE HOLDER	CANCELLATION
City of New Bedford	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.
New Bedford MA 02740	AUTHORIZED REPRESENTATIVE Daniel M. Crowley, CPCU, Vice President – Residual Market – WCRIBMA



BCCRA-1

CERTIFICATE OF LIABILITY INSURANCE

OP ID: / 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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WALVED, 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).

| CONTRACT | CONT

FATURE F	PRODUCES CONTINUED NOT		ired)	re space is requ	e attached if mor	o Tot, Additional Remarks Schebule, may t	LES (ACORE	OPERATIONS / LOCATIONS / VEHICLIONS/hoisting	e operati	ran
FROM Earl Specially Insurance Co. Stock Bedford, MA 02740 Solver Corp. Stock Bedford, MA 02740 Solver Corp. S	Solition State S					7 474 subditional Damarita Cabadrila man b			RIPTION OF C	Š
General Folding Street	SACETATO Section Superior									
SUPPLY INC. TO GET IT HE POLICY NUMBER: THIS IS TO CERTIFICATE NUMBER: THE IS IS TO THE INSURANCE NUMBER: THE IS IS TO THE INSURENCE NUMBER: THE IS IS T	SADE		Occurence	06/14/2022	06/14/2021	790-02-25-74-0002		iability	Riggers Li	C
Genty, Inc. P.O.Box 580 Fig.	SAME	<i>3,</i>						N OF OPERATIONS below	Tyes, describ	<u> </u>
Genery Inc. Foodbase Foodba	FOLDEX 580 FAX. F	J,	$\overline{}$			BY CARRIER DIRECTLY	;		Mandatory in	
FACE P.O.BOX 580	FACE NOTE SECULD OF STATE STATE NUMBER: FACE NOTE SECULD OF STATE SECULD STATE SECULD OF STATE SECULD STATE SECURD STATE SECURD STATE SECULD STATE SECURD STATE	-				WORKERS COMP TO BE ISSUED	Z Þ		ANY PROPRIE	
GENTLAGING STOCK. THE SIZE TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HERSECT TO ALL THE POLICES OF INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE INSURANCE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE POLICE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE POLICE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE POLICE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE POLICE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE POLICE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE POLICE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES DESCRIPTION. THE POLICE INMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICE BY THE PO	Subject FAX No. Ent: FAX No. E		_						WORKERS C	
CAMINGES COMPRISED NOT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS BUBICATION OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS. CAMINGES CAMINGENITY	SUBJECT CERTIFICATE NUMBER: FAX No. Eat: FA	,	<u> </u>					RETENTION \$	DED	L
SUPPLY POLYPIES	402740 1- P.O.Box 580 1- P.O	0,							T.XCES	
Series P.O. Box 580 P.O. Box 5	Value Pobes Pobe	,							UMBRE	
Series FO General FAC Not of the commerce insurance Co. Size Fac	SCHEDULED LOCUMEN LO	,						-		L
Seption Frice FO Deat 580 Frice Fric	SAME FOLDOW FOL	91	_						AUTOS	
CERTIFICATE NOTWERANCE AND COMBEN. FAX. MISURER B.	SCHEDULED BCST41	9	-					>	AUTOS	
FACE MORE SERVICE OF INSURANCE LISTED BELOW HAVE BEEN ISSUED OF OF INSURANCE LISTED BEIN OR CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCTED BY THE POLICIES DE NATH POLICIES DE RENE ROLLONS ON SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCTED BY AND COMMERCIAL GENERAL LUBILITY B X COMMERCIAL GENERAL LUBILITY A AUTOMOBILE LU	Veil Insurance Veil	8	BODILY INJURY (Per person)	05/16/2022	05/16/2021	BCST41	•	<	OWNED ANY AL	
Gentoy, Inc. Inc. Inc. Inc. Insurers y Afronding Coverage Insurers of Insurance Co. Insurer a . The Commerce Insurance C	SOUTH POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS DESCRIBED HEREIN IS SUBJECT TO ALL THE NOCH POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS SUBJECT TO ALL THE NOCH POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS SUBJECT TO ALL THE NOCH POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS SUBJECT TO ALL THE NOCH POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE NOCH POLICIES INMITS SHOWN MAY HAVE BEEN ISSUED TO THE RECOUNTENING. PRODUCTS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICIES OF PADID CLAIMS. PRODUCTS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICIES OF PADID CLAIMS. PRODUCTS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY PADID CLAIMS. PRODUCTS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY PADID CLAIMS. PRODUCTS OF INSURANCE LISTED BE ARROWN AND THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE INSURED HEREIN IS THE INSURED HEREIN IS THE INSURED	\$	(Ea accident)					E LIABILITY	AUTOMOBIL	
Septical Composition Street - P.O.Box 580 FAX	SAITE LIMIT APPLIES PER: ACC No. Ext): FAX No. Ext): F	\$						8:	OTHER	
GENTL AGGREGATE LIMIT APPLIES PER: FAC. No. Ext. FAC. No	CERTIFICATE NUMBER: NSURER E: NSURER E: NSURER E: NSURER B: NORTHFIELD NUMBER: NSURER E: NSURER B:	Α,	-		•					
Commercial Condition Commercial Coverage	SQUAL_CENTER FAX F	en.						REGATE LIMIT APPLIES PER:	GEN'L AGGF	
Gency, Inc. Inc. How Bedford, MA 02740 Section Street - P.O.Box 580 And Nation Street - P.O.Box 580 Insurer a: The Commerce Insurance Co. Insurer B: Northfield Insurance Co. Insurer B: North	SQNACH FAX No. Early F	s	ļ.,		•					
Gency, Inc. 17 Union Street - P.O.Box 580 18 Bedford, MA 02740 18 Insurers) AFFORDING COVERAGE 18 Insurers) AFFORDING COVERAGE 18 Insurers) AFFORDING COVERAGE 18 Insurers B. Northfield Insurance Co. 18 Insurer B. Northfield Insurance Co.	CERTIFICATE NUMBER: Nourer 6: NSURER	s							<u> </u> 	
Gency, Inc. 71 Union Street - P.O.Box 580 FACK, No. Ext): FACK, No. Ext	CERTIFICATE NUMBER: A 02745 A 02745 BELOW HAVE BEEN ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BELOW HAVE BEEN ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE POLICY NUMBER INSURANCE HOUSE BEEN REDUCTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE POLICY NUMBER INSURANCE HOUSE BEEN REDUCTED BY THE POLICY FOR THE POLICY TO ALL THE POLICY NUMBER INSURANCE AFFORDED BY THE POLICY BEEN REDUCTED BY THE POLICY FOR THE POLICY TO ALL THE POLICY NUMBER INSURANCE AFFORDED BY THE POLICY FOR THE POLICY TO ALL THE POLICY FOR THE POLICY TO ALL THE POLICY FOR THE POLICY F	le ₈	PREMISES (Ea occurrence)	06/08/2022	06/08/2021	WH000965		×		
Gency, Inc. FAC, No. Ext): FAX, FAC, No. Ext): FAX, FAC, No. Ext): FAX, FAC, No. Ext): FAX, FA	CERTIFICATE NUMBER: Nounce For the insurance Nounce For the continuous of such Policies, Limits shown May be issued on such Policies, Limits shown May Have Been reduced by Palid Claims. Nounce Nou	5	EACH OCCURRENCE		•	-		ERCIAL GENERAL LIABILITY	-	π
Agency, inc. 71 Union Street - P.O. Box 580 American Sew Bedford, MA 02740 Mark S. Nunes INSURER A: The Commerce Insurance Co. INSURER B: Northfield Insurance Co. INSURER C: Atlantic Specialty Insurance Co. INSURER E: INSURER E: INSURER B: Northfield Insurance Co. INSURER B: NORTHFIELD INSURANCE AFFORDING OF SULPHOLICIES OF INSURER B: INSURER B: NORTHFIELD INSURANCE OF INSURER D: INSURER B: NORTHFIELD INSURER D: INSURE	(- P.O.Box 580 4 02740 (- P.O.Box 580 A 02745 (- P.O.Box 681) A 02746		LIMITS	POLICY EXP	MINIDDOYYYY	POLICY NUMBER	ADDL SUBF	TYPE OF INSURANCE		熮
Auc. No. Ext): INSURER S: INSURER A: The Commerce Insurance Co. INSURER B: Northfield Insurance Co. INSURER C: Atlantic Specialty Insurance INSURER D: INSURER E: INSURER E: INSURER E: INSURER E: INSURER E: INSURER F: INSU	Veil Insurance GOME SAME (AVC, No. Ext): (AVC, N	ALL TH	RED NAMED ABOVE FOR TH OCCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO S.	THE INSURT OR OTHER S DESCRIBITED CLAIMS	EN ISSUED TO THE POLICIE THE POLICIE	IRANCE LISTED BELOW HAVE BEINT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BEEN	S OF INSU	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE ISSUED OR MAY AND CONDITIONS OF SUCH	DICATED. RTIFICATE CLUSIONS	ៀបូΩ≥⊐
PAC, No, Ext): PAC, No, Ext): FAX F	PAGNESS: PAGNESS: FAX F		REVISION NUMBER:			E NUMBER:	TIFICAT	CER	/ERAGES	0
ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER B : Northfield insurance Co INSURER C : Affantic Specialty insurance INSURER D : INSURER D : INSURER D : INSURER E : INSURER D : INSURER D : INSURER E : IN	PORE (AC, No, Ext): PAGE (AC, No, Ext): FAX (AC, No): PAGE (AC, No, Ext): FAX (AC, No, Ext): PAGE (AC, No, Ext)	_			RF:	INSUR				
ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER B: Northfield insurance Co INSURER C: Atlantic Specialty Insurance INSURER D: INSURER D: INSURER D: INSURER C: INSURER D: INSURER	PONE PANE PAGE (AC, No, Ext): [MC, No, Ext)				RE:	INSUR				
ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER B : Northfield insurance Co INSURER C : Atlantic Specialty insurance	PONE PANE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG				ER D:	INSUR			1	
ADDRESS: INSURER A: The Commerce Insurance Co. INSURER B: NOrthfield Insurance Co.	PHONE		y insurance	c Specialty	ER C : Atlanti	INSUR		CCoombs Blvd	Charles M Redford	52
PHONE [AC, No, Ext]: E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: The Commerce Insurance Co.	INSURER A: The Commerce Insurance Co.		nce Co	ield insura	ER B : Northfi	INSUR			RED Tane Con	ÖZ Z
ADDRESS: INSURER(S) AFFORDING COVERAGE	PHONE [AC, No, Ext]: E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE	ယ	ď	mmerce li	ER A : The Co	INSUR				
(AC, No, Ext): E-MAI ADDRESS:	ONLYGI NAME: PHONE [AC, No, Ext): E-MAIL ADDRESS:		ORDING COVERAGE	SURER(S) AFFO				6	S. Nunes	lar
PHONE (ACC, No, Ext):	PHONE [AC, No, Ext):				SS	E-MAI ADDR		eet - P.O.Box 580	Bedford	2
	NAME		FAX (A/C. No):		o, Ext):	PHON (A/C,)			ncy, Inc	ge

ACORD 25 (2016/03)

City Of New Bedford New Bedford City Hall 133 William St New Bedford, MA 02740

CERTIFICATE HOLDER

CITYNEW

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
Mark S. Nunes