

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

New Bedford, Mass: December 7, 2021

To the Mayor and City Council:

The undersigned respectfully requests permission to obstruct

I suggest the following conditions be included in permit I do consent to the above application I suggest the following conditions be included in permit I do consent to the above application. 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. Provisions made for travelers (xex) Nature of obstructions Quantable a Projection into roadway Projection into sidewalk N Length do not do not Time for which space is applied December 9, complete the construction, rebuilding or repairs Time provided in contract for completion of work Material of outside walls of building for purpose of dumpster 55 Rotch Street Signature of Applicant Consent of the Commissioner of Public Infrastructure Space proposed to be obstructed in street or sidewalk: Consent of the Commissioner of Buildings Company Telephone # Address (Number of building and side of street) <u>Oluvipadia</u> こざする 2021 -New Bedford, MA 02745 89 Howard Avenue Waz Construction Inc 774-328-9950 December 15, New Bedford, Mass. Konsta Sidewalk Commissioner of Public Infrastructure ; if no contract, the estimated time required to 2021 Q No. markeye

Commissioner of Buildings



VAZCONS-01

DATE (MM/DD/YYYY) LRAFFAEI

CERTIFICATE 유 LIABILITY INSURANCE

12/6/2021

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 If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). r be endorsed.

statement on

DeSanctis Insurance Agency, Inc. 100 Unicorn Park Drive Woburn, MA 01801 PRODUCER Vaz Construction, Inc. 89 Howard Ave New Bedford, MA 02745 NSURER E NSURER D : INSURER C. Westchester Surplus Lines Insurance Company 10172 INSURER B : Acadia Insurance Company INSURER A: Union Insurance Company INSURER(S) AFFORDING COVERAGE No): 25844 31325

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

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INSURANCE ADDL SUBB.

POLICY NUMBER (MM/DB/YYYY) (MM/DB/YYYY)

FACH OCCURRENCE ADDL SUBB.

1,000,0 COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

W B ⋗ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY \times × AUTOMOBILE LIABILITY GENL AGGREGATE LIMIT APPLIES PER \times AUTOS ONLY ANY AUTO **BLKT Contractual** EXCESS LIAB AUTOS ONLY OTHER POLICY COMMERCIAL GENERAL LIABILITY XCU included RETENTION S PRO- $\times \times$ × SCHEDULED AUTOS ONLY AUTOS ONLY × CLAIMS-MADE OCCUR z \circ CUA544228611 MAA544228511 CPA544228411 8/1/2021 8/1/2021 8/1/2022 8/1/2022 8/1/2022 AGGREGATE BODILY INJURY (Per person) EACH OCCURRENCE BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) COMBINED SINGLE LIMIT PRODUCTS - COMPJOP AGG GENERAL AGGREGATE PERSONAL & ADV INJURY EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurre MED EXP (Any one person) STATUTE 照음 5,000,000 2,000,000 2,000,000 1,000,000 1,000,000 1,000,000 300,000 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of New Bedford is named as Additional Insured with respects to General Liability, "ADDITIONAL INSURED LIMITS ARE NO GREATER THAN REQUIRED
BY WRITTEN CONTRACT" Workers Comp 3A States Covered: MA, RI

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DÉSCRIPTION OF OPERATIONS below

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

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WCA544228711

8/1/2022

Pollution

G28359731002 CPA544228411

8/1/2021 8/1/2021

8/1/2022 8/1/2022

Occurrence

1,000,000

50,000

EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE EL EACH ACCIDENT

1,000,000 1,000,000

1,000,000

CERTIFICATE HOLDER

City of New Bedford 133 William Street New Bedford, MA 02740

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS. CANCELLED BEFORE

AUTHORIZED REPRESENTATIVE

CONTRACTOR!