us arailed 11/24/21

For TRENCH PERMIT within the City of New Bedford

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: TRENCH PERMIT
Permission is hereby requested to excavate the surface of: Private Property Unaccepted or private street
Location of work: Parking 10+ at 291-293 Nash Road, New Redter
Substantially as per plan annexed, for the purpose of: A dvaneing up to five (5) sail burings to
10 St, 3 of which will become groundwater wantering wells. Boxings are 2" diamet
Work will begin (weather permitting) on: as soon as double is evaluable 11-29-2021
Work will end (weather permitting) on: Sameduy - 1 day on Site
Applicant Name: Excavator(s) Name: Hoffman Franconeculed
Company Name: Common Sense Environadal, Inc. Hoisting Equipment License Number:  See Elm St. WA 02710 Grade: Expiration Date:
Contact Name: Cunther Cilebrest Name & Contact Number of Insurer: (OIS For Sentathill), worker)  SUE 858-5408
Approved By: Stypho Cup Date: 12-1-2021  Title: Asst. Cry Enginear  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.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/19/2021

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.

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). IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed

RODUCER	CONTACT Jo Ann Tavares	
Sylvia Group, an Alera Group Agency, LLC	PHONE (508) 995-4553 FAX (508) 995-4525 (A/C, No. Ext):	95-4525
500 Faunce Corner Road	E-MAIL ADDRESS: jtavares@sylviagroup.com	
Building 100 Suite 120	INSURER(S) AFFORDING COVERAGE	NAIC#
Dartmouth MA 02747	INSURER A: Safety Ins Company	39454
NSURED	INSURER B:	
Common Sense Environmental	INSURER C:	
38 Elm St	INSURER D:	
	INSURER E:	
New Bedford MA 02740	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 21-22 BAP	REVISION NUMBER:	
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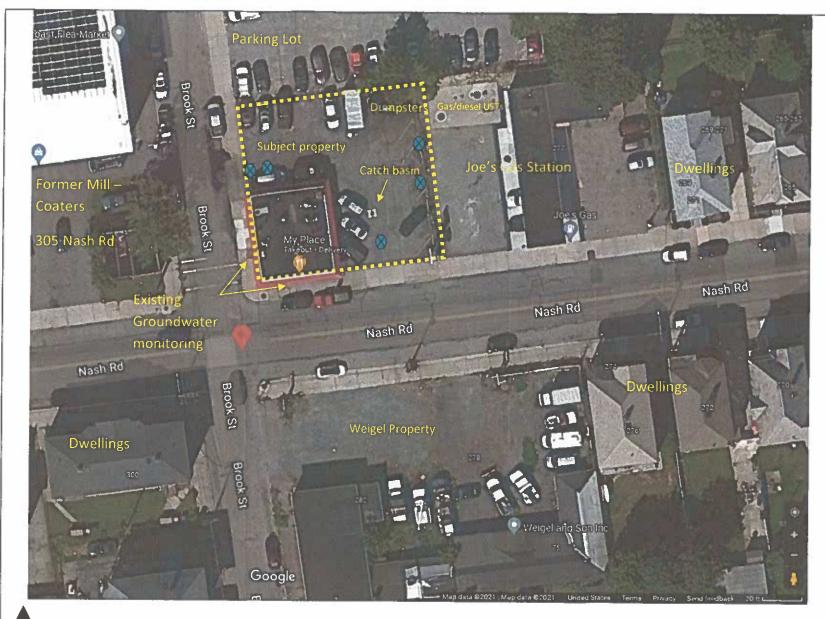
© 1988-2015 ACORD CORPORATION. All rights reserved.

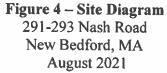
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OP ID: BC

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MINIDD/YYYY)

11/19/2021

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CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

5,000 2,000,000 2,000,000 50,000 2,000,000 2,000,000 2,000,000 2,000,000 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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TYPE OF INSURANCE MODE SUBPLY THE POLICIES LIMITS SHOWN WAY HAVE BEEN REDUCED BY PAID CLAIMS. or be endorsed. A statement on SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. NAIC# FAX (A/C, No): 781-245-5463 IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

781-245-5400 | CONTECT Thomas J. Mullen E.L. DISEASE - EA EMPLOYEE \$ PRODUCTS - COMPIOP AGG E.L. DISEASE - POLICY LIMIT Per Claim BODILY INJURY (Per person) REVISION NUMBER EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) PERSONAL & ADV INJURY MED EXP (Any one person) COMBINED SINGLE LIMIT (Ea accident) GENERAL AGGREGATE BODILY INJURY (Per ac PROPERTY DAMAGE (Per accident) EACH OCCURRENCE E.L. EACH ACCIDENT INSURER(S) AFFORDING COVERAGE PER STATUTE Aggregate AGGREGATE INSURER A: Crum & Forster Specialty DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CONTACT Thomas J. Mullen PHONE (AC, No. Ext): 781-245-5400 FADRESS: 05/06/2021 05/06/2022 05/06/2021 05/06/2022 **AUTHORIZED REPRESENTATIVE** CANCELLATION INSURER B: INSURER C: INSURER E: INSURER D INSURER F CONTRACTORS POLLUTION **EPK-135078** EPK-135078 CERTIFICATE NUMBER: CLA!MS-MADE SCHEDULED AUTOS NON-OWNED AUTOS ONLY INSURED Common Sense Environmental, Inc. 38 Elm Street New Bedford, MA 02740 COMMERCIAL GENERAL LIABILITY OCCUR X GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY X JECT: LOC ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) PRODUCER Poole Professional B&B of MA 107 Audubon Rd, #2, Ste 305 Wakefield, MA 01880 Thomas J. Mullen RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY CLAIMS-MADE CERTIFICATE HOLDER AUTOMOBILE LIABILITY UMBRELLA LIAB OWNED AUTOS ONLY **EXCESS LIAB** AUTOS ONLY if yes, describe unde DESCRIPTION OF ANY AUTO **Prof Liability** COVERAGES OTHER **Arch/Engr** 잂 ¥¥.

ACORD 25 (2016/03)

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MISCELLANEOUS PAYMENT RECPT#: 3642901

City of New Bedford 133 William St. New Bedford NA 02740

DATE: 11/29/21 TIME: 14:05 CLERK: a450mmb DEPT:

CUSTOMER#: 0

COMMENT:

CHG: DPITRN DPI TRENCH PERM 30.00

REVENUE:

1 03406000 439020 30.00

OTH -Departmental Fees

CASH:

TW05 101009 30.00

Cash Treasurer Dep W

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AMOUNT PAID:

30.00

PAID BY:

COMMON SENSE ENVIRON

PAYMENT METH: CHECK

MR5270

REFERENCE:

AMT TENDERED: AMT APPLIED: 30.00

CHANGE:

.00



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

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VA 20170	575 Herndon Parkway			AUTHORIZED REPRESI	ENTATIVE	1.00	
	Hemdon		VA 20170	Daniel M. Crowley	y, CPCU, Vice	President – Residual Market – V	WCRIBMA

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