

US mailed 11/24/21

Permit # 42-2021

Dig Safe # 2021-1109791

Date Issued: 11-18-21

APPLICATION / AGREEMENT
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: X TRENCH PERMIT

Permission is hereby requested to excavate the surface of: X Private Property _____ Unaccepted or private street

Location of work: Parking lot at 291-293 Nash Road, New Bedford

Substantially as per plan annexed, for the purpose of: Advancing up to five (5) soil borings to 10 ft, 3 of which will become groundwater monitoring wells. Borings are 2" diameter

Work will begin (weather permitting) on: as soon as driller is available 11-29-2021

Work will end (weather permitting) on: same day - 1 day on site 1-29-2022

Applicant Name: _____ Excavator(s) Name: Hoffman Environmental

Company Name: Common Sense Environmental, Inc. Hoisting Equipment License Number: _____

38 Elm St.
New Bedford, MA 02740

Grade: _____ Expiration Date: _____

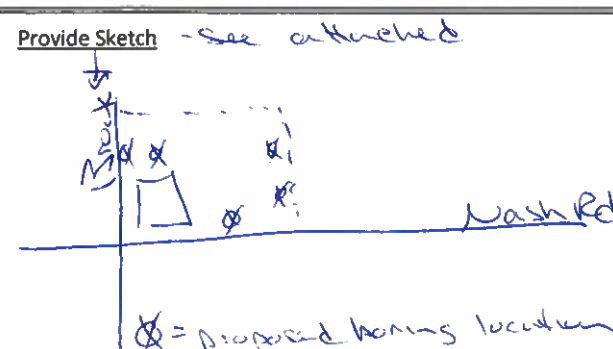
Contact Name: Caroline Gilchrist
508-858-5408

Name & Contact Number of Insurer: COIS For general liability, workers comp and auto accident

Approved By: Stephen Cipton Date: 12-1-2021
Title: Asst. City Engineer

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.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions of 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 Sylvia Group, an Alera Group Agency, LLC 500 Faunce Corner Road Building 100 Suite 120 Dartmouth		CONTACT NAME: Jo Ann Tavares PHONE (A/C, No. Ext.): (508) 985-4553 FAX (A/C, No.): (508) 985-4525 E-MAIL: jtavares@sylviaagroup.com ADDRESS: MA 02740	
INSURED Common Sense Environmental 38 Elm St New Bedford		INSURER(S) AFFORDING COVERAGE INSURER A : Safety Ins Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
MA 02747		MAIC # 39454	

COVERAGES CERTIFICATE NUMBER: 21-22 BAP

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 SUBR INSD INVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY		5555642	02/22/2021	02/22/2022	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB EXCESS LIAB					
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER

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

Jo Ann Tavares

20th

City of NB

Went to

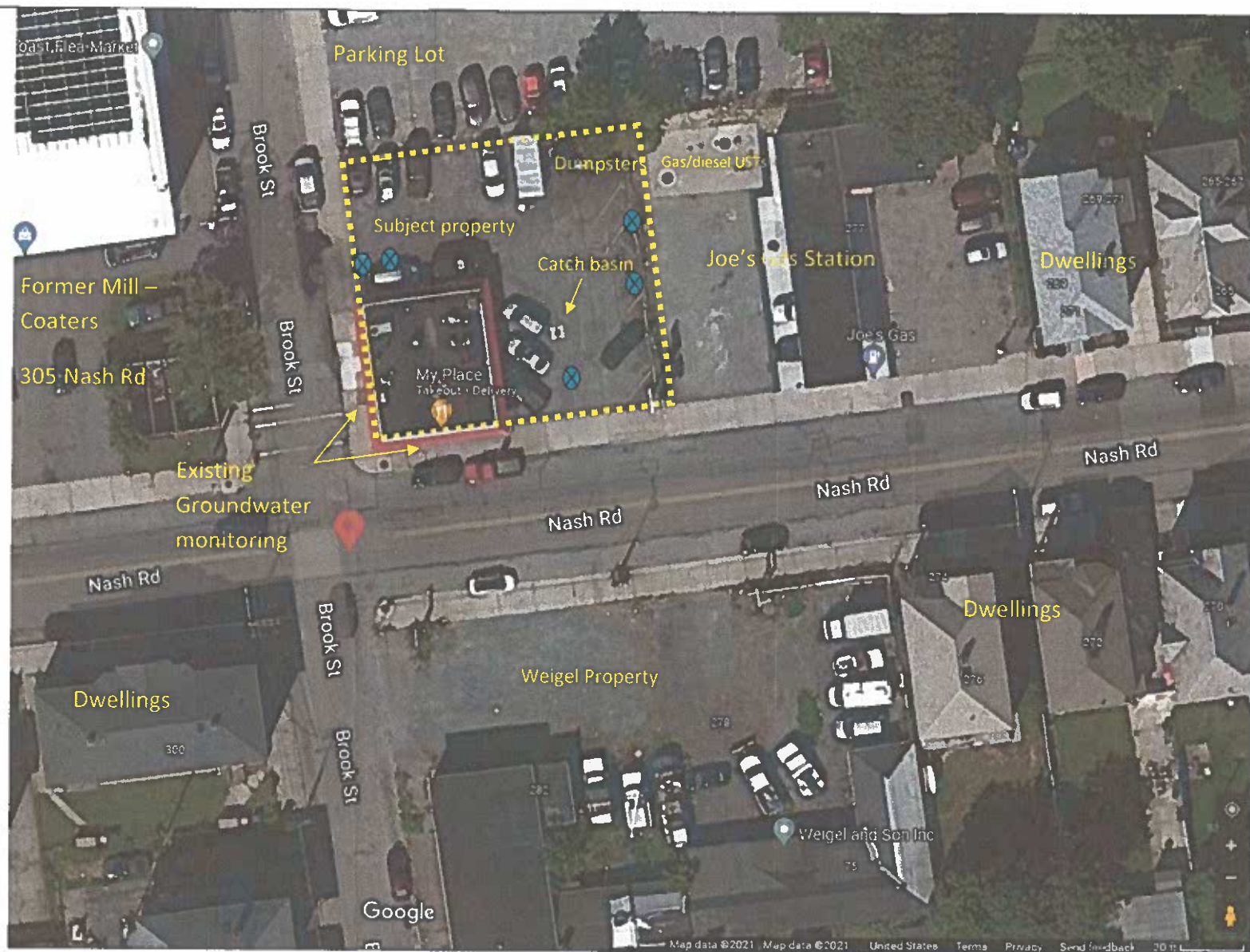
DPI

1105

Shawmut Ave

28

08746



 - Proposed soil boring/MW

Figure 4 – Site Diagram
 291-293 Nash Road
 New Bedford, MA
 August 2021



COMMO-1

OP ID: BC
DATE (MM/DD/YYYY)
11/19/2021

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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 Poole Professional B&B of MA 107 Audubon Rd, #2, Ste 305 Wakefield, MA 01880 Thomas J. Mullen	781-245-5400	CONTACT NAME Thomas J. Mullen	PHONE (A/C, No, Ext) 781-245-5400	FAX (A/C, No) 781-245-5463
		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A : Crum & Forster Specialty		
		INSURER B :		
		INSURER C :		
		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	ADOL SUBR (INSR, SUBR)	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		EPK-135078	05/06/2021	05/06/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occ/acc/rtnt) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJE CT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Arch/Engr Prof Liability		EPK-135078 CONTRACTORS POLLUTION	05/06/2021	05/06/2022	Per Claim \$ 2,000,000 Aggregate \$ 2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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MISCELLANEOUS PAYMENT RECPT#: 3642901
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 11/29/21 TIME: 14:05
CLERK: a450mmh 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

AMOUNT PAID: 30.00

PAID BY: COMMON SENSE ENVIRON
PAYMENT METH: CHECK
MR5270

REFERENCE:

AMT TENDERED: 30.00
AMT APPLIED: 30.00
CHANGE: .00



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FAX
(A/C, No):

25666

— 100 —

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LIMITS	
EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (1a occurrence)	\$
MED EXP (Any one person)	\$
PERSONAL & ADV INJURY	\$
GENERAL AGGREGATE	\$
PRODUCTS - COMP/OP AGG	\$
	\$

COMBINED SINGLE LIMIT (Per accident)	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$

	\$
EACH OCCURRENCE	\$
AGGREGATE	\$

PER STATURE	OTH- ER	
		\$
X EACH ACCIDENT		
E.L. DISEASE - EA EMPLOYEE		\$ 500,000
E.L. DISEASE - POLICY LIMIT		\$ 500,000
E.L. DISEASE - POLICY LIMIT		\$ 500,000

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/.

RESEARCH OF THE FUTURE

Daniel M. Crowley, CPCU, Vice President – Residual Market – WCRI/BMA

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