

APPLICATION/AGREEMENT

Permit # 02-2021

For Trench/Disturbance Permit within the City of New Bedford

Dig Safe # 20205203448

TO THE MAYOR AND CITY COUNCIL:

DISTURBANCE PERMIT

TRENCH SAFETY PERMIT

Date

1/8/2021

Permission is hereby requested to excavate the surface of: _____ City Property

and/or

Private Property

Provide Sketch

Location of Work: Folland Circle (SS) S x Folland RoadLot 11Substantially as per plan annexed, for the purpose of: sewer installationlot 23 34112, sewer 24914Work will begin (weather permitting) on: 1-11-2021Work will end (weather permitting) on: 4-11-2021Applicant Name: Michael AtkinsonExcavator(s) Name: Michael AtkinsonCompany Name: Folland Corp IncHoisting Equipment License Number: 12-160212Grade: 2AExpiration Date: 03-16-2021Contact Number: 401-348-1184Name & Contact Number of Insurer: Partners Insurance208-491-3176Competent Person on Work Site: Mike AtkinsonAPPROVED BY: Seamus J. Smith DATE: 1/8/2021TITLE: Admin Manager

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.

Please advise the date of work and return to DPI for check processing. This is not a completed permit until signed by DPI engineering. 01.04.2021 - AJ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2021

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 Partners Insurance Group, LLC 560 Wilbur Avenue Swansea MA 02777	CONTACT NAME: Maria Arruda		
	PHONE (A/C, No, Ext): 508-491-3176	FAX (A/C, No): 508-491-3108	
	E-MAIL ADDRESS: MArruda@partnersinsgrpllc.com		
INSURED Farland Corp. Inc. Christian Farland 21 Ventura Drive Dartmouth MA 02747	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: TRAVELERS INSURANCE COMPANY		25682
	INSURER B: Lloyd's of London		
	INSURER C: The Ohio Casualty Insurance Company		24074
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 742301561

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		4T-CO-6G656644-TCT-21	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			810-0P185896-21-2S-G	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Included \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-9J635485	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C B A	Equipment Floater Professional BPP			BMO57097682 HSAEC190032 4T-CO-6G656644-TCT-21	1/1/2021 1/1/2021 1/1/2021	1/1/2022 1/1/2022 1/1/2022	Equipment 842,950 Prof/Per Cl & Aggreg 1,000,000 BPP 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CITY OF NEW BEDFORD AS ADDITIONAL INSURED-XCU COVERAGE INCLUDED

CERTIFICATE HOLDER**CANCELLATION**

City of New Bedford 133 Williams St. New Bedford MA 2740	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

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Farland Corporation Inc.

Baycoast Bank

10032

21 Ventura Drive
Dartmouth, MA 02747
508-717-3479

53-7223/2113
9613

12-03-2020

PAY TO THE
ORDER OF

City of New Bedford

\$ 30.00

Thirty ⁰⁰/₁₀₀

DOLLARS



AUTHORIZED SIGNATURE

[Handwritten Signature]

MP

Security features included. Details on back.

MEMO

Trench Permit

Sub #
20-287.11810

⑈010032⑈

⑈211372239⑈

840979803⑈

Trench 02-0021

MISCELLANEOUS PAYMENT RECPT#: 3141288
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 01/08/21 TIME: 09:15
CLERK: a450mb 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: FARLAND CORPORATION
PAYMENT METH: CHECK
MR10032

REFERENCE:

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