

APPLICATION/AGREEMENT

Permit # 04-2021

For Trench/Disturbance Permit within the City of New Bedford

Dig Safe # 20205203439

TO THE MAYOR AND CITY COUNCIL:

DISTURBANCE PERMIT

Date
TRENCH SAFETY PERMITPermission is hereby requested to excavate the surface of: City Property and/or Private Property
Provide SketchLocation of Work: Ford and Litch (M.A.S.) S. Phillips RoadLot 5Substantially as per plan annexed, for the purpose of: install annexunder 24111, Annex 24912Work will begin (weather permitting) on: 1-11-2021Work will end (weather permitting) on: 4-11-2021Applicant Name: Michael AtkinsonExcavator(s) Name: Michael AtkinsonCompany Name: Ford and Litch Inc.Hoisting Equipment License Number: 1E-106212Grade: 2A Expiration Date: 3-16-2021Contact Number: 401-318-1184Name & Contact Number of Insurer: Partners Insurance508-491-3176Competent Person on Work Site: Mike AtkinsonAPPROVED BY: Dennis Amodeo DATE: 1/9/2021TITLE: 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
INSURED Farland Corp. Inc. Christian Farland 21 Ventura Drive Dartmouth MA 02747	E-MAIL ADDRESS: MArruda@partnersinsgrp LLC.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: TRAVELERS INSURANCE COMPANY	
	INSURER B: Lloyd's of London	
	INSURER C: The Ohio Casualty Insurance Company	
	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	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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		\$
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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	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$ Included</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$ Included		\$				
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AGGREGATE	\$																				
	\$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-9J635485	1/1/2021	1/1/2022	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
C B A	Equipment Floater Professional BPP			BM057097682 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 Prof/Per Cl & Aggreg BPP 842,950 1,000,000 100,000														

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

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

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

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MISCELLANEOUS PAYMENT RECPT#: 3141285
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 01/08/21 TIME: 09:05
CLERK: a450mmib DEPT:
CUSTOMER#: 0

COMMENT:

CHG: DPITRN DPI TRENCH PERM 30.00

REVENUE: 30.00

1 03406000 439020
OTH -Departmental Fees

CASH: 30.00
TWO5 101009
Cash Treasurer Dep W

AMOUNT PAID: 30.00

PAID BY: FARLAND CORPORATION
PAYMENT METH: CHECK
MR10020

REFERENCE:

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

MEMO
Trench Permit
SSD#
20-787-550

010020 21137239 840979803

Farland Corporation Inc.
21 Ventura Drive
Dartmouth, MA 02747
508-717-3479

Baycoast Bank

59-72292113
9613

12 23-2020

10020

PAY TO THE
ORDER OF
City of New Bedford
Thirty & 100
\$ 30.00
DOLLARS

MADE PADES WHEN
APPLIED

AUTHORIZED SIGNATURE

Security features included. Details on back.

Trench 04-2021