

APPLICATION / AGREEMENT
For DISTURBANCE PERMIT within the City of New Bedford

Permit # 298-2022
Dig Safe # _____
Date Issued: August 02, 2022

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: 1 DISTURBANCE PERMIT

Permission is hereby requested to excavate the surface of: 1 City Property

Location of work: 278 Belair Street

P. 130B X. 278

Substantially as per plan annexed, for the purpose of: removing and replacing driveway

Box # 11788

Work will begin (weather permitting) on: 8-2-2022

Work will end (weather permitting) on: 11-2-2022

Applicant Name: Granville Mogueda
Company Name: Pro Paving and Excavating, Inc.

Excavator(s) Name: Alfred Mogueda
Hoisting Equipment License Number: _____
Grade: _____
Expiration Date: _____
Name & Contact Number of Insurer: McKay Insurance 508-998-0002

Contact Name: _____
Approved By: Stephen Lynch Date: 8-2-22
Title: Asst City Engineer

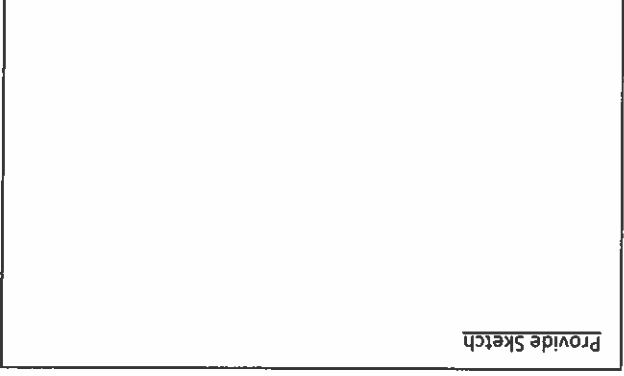
Roadway closures will require authorization from the Commissioner of Public Infrastructure.

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.

Provide Sketch





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/22

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 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

MCKAY INSURANCE LLC
3393 ACUSHNET AVE.
NEW BEDFORD, MA 02745

CONTACT NAME: KIMBERLY MCKAY

PHONE: 508-998-0002

FAX: 508-998-0009

E-MAIL: Mckaylms@ahco.com

ADDRESS: Mckaylms@ahco.com

INSURER(G) AFFORDING COVERAGE

NAIC #

INSURED

PRO PAVING & EXCAVATING INC.
493 AMERICAN LEGION HWY
WESTPORT, MA 02790

INSURER A: CLEAR SPRING

NAIC #

INSURER B: SAFETY

INSURER C: LIBERTY MUTUAL

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	ADDITIONAL INSURED (IND. IWO)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC OTHER:	X	CB0000252500	04/30/22	04/30/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (See endorsements) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED RETENTION \$	X	6223277	04/22/22	04/22/23	COMBINED SINGLE LIMIT (See endorsement) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under Description of Operations below	N/A	WC2-318-602129-028	02/27/22	02/27/23	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input checked="" type="checkbox"/> PER <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

A 30 DAY NOTICE OF CANCELLATION IS PROVIDED TO THE CERTIFICATE HOLDER

CERTIFICATE HOLDER

CITY OF NEW BEDFORD
133 WILLIAM ST.
NEW BEDFORD, MA 02740

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

Kimberly McKay