

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

Permit # 533-2022

Dig Safe # _____

Date Issued: Nov. 10, 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: ☒ DISTURBANCE PERMIT

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

Location of work: Samuel Barnett Boulevard

Substantially as per plan annexed, for the purpose of: water main replacement @ sidewalk crossing

Work will begin (weather permitting) on: 12/1/22 *City project ∴ work & permits allowed
Work will end (weather permitting) on: 12/1/23 to remain open for 1 year

Applicant Name: Justin Vick Excavator(s) Name: C. Naughton Corp.

Company Name: C. Naughton Corp. Hoisting Equipment License Number: _____

Grade: _____ Expiration Date: _____

Contact Name: Justin Vick Name & Contact Number of Insurer: RogersGray, Inc.

Approved By: Stephen Cyprian Date: 11-21-2022
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 (MMDDYYYY)
6/24/2022

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 RogersGray, Inc. - Kingston Branch 63 Smith Lane Kingston MA 02364	CONTACT	
	NAME:	
	PHONE (A/C, No. Ext.): 508-746-3311	FAX (A/C, No.): 877-816-2156
	EMAIL ADDRESS: mail@rogersgray.com	

INSURED C. Naughton Corp. 663 Elm St Bridgewater MA 02324	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Citizens Insurance Company of America		
	INSURER B: Allmerica Financial Benefit Insurance Company		
	INSURER C: Hanover Insurance Company (The)		
	INSURER D: Illinois Union Insurance Company		
INSURER E:		27960	
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1889575203

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 (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ZBN D133809 05	1/1/2022	1/1/2023
						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 100,000 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 EBL Aggregate \$ \$2,000,000 COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	X AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	Y	Y	AWN D133819	1/1/2022	1/1/2023
						EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	X UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> X RETENTION \$ 0	Y	Y	UHN-D133815 05	1/1/2022	1/1/2023
						EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	WHN D133808 05	1/1/2022	1/1/2023
						X PER STATUTE 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 Per Occurrence Per Wholeful Act Aggregate \$ 1,000,000 \$ 1,000,000 \$ 3,000,000
D	Pollution Liability Professional Liability			COO G12504318 001 COO G12504318 001	1/1/2021	1/1/2023

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Pollution/Professional. Deductible \$10,000

When Required by Written Contract the following Applies:

General Liability - Additional Insured Ongoing and Completed Operations. Primary and Non-Contributory Basis. Waiver of Subrogation (421-2915 06/15)
Automobile - Additional Insured (MM 99 50 09/98), Primary non-Contributory 461-0478 12 12 Waiver of Subrogation (461-0162 09/98)
Workers Compensation - Waiver of Subrogation (WC 00 03 13 04/94)
Umbrella Liability - Additional Insured Follows underlying. Primary Non-Contributory (475-0467 11 20) Waiver of subrogation (475-0231 12 14)

See Attached...

CERTIFICATE HOLDER

City Of New Bedford
133 Williams Street
Room 208
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

AGENCY CUSTOMER ID: CNAUGHT-01

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY RogersGray, Inc. - Kingston Branch		NAMED INSURED C. Naughton Corp. 663 Elm St Bridgewater MA 02324	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The City of New Bedford and CDM Smith are listed as cited above

RE: Phase 4 Transmission Main Reinforcement Project

New Bedford Department of Infrastructure

New Bedford, Massachusetts

Bid. No 22450034/DWSRF 6847