



179-2022

APPLICATION FOR
PERMIT FOR STREET OBSTRUCTION
(Under New Bedford City Code, Chapter 22)

To the Mayor and City Council:

New Bedford, Mass: July 07, 2022

The undersigned respectfully requests permission to obstruct

Location of obstruction applied for
(Number of building and side of street)
261 Walnut Street

for purpose of U-Box (7)

Material of outside walls of building _____

Time provided in contract for completion of work _____; if no contract, the estimated time required to complete the construction, rebuilding or repairs _____

Time for which space is applied 7/13-20/2022

Space proposed to be obstructed in street or sidewalk:

Length 8' x 5'

Projection into sidewalk Ø

Projection into roadway 8' x 5'

Nature of obstructions storage / shipping containers

Provisions made for travelers opposite side for travelers

As further consideration for this permit, the applicant shall hold the City of New Bedford harmless and indemnify it for any and all injury to loss, cost, damage, expense, (including reasonable attorneys fees) and liability on account of the obstruction in the street and/or sidewalk and any work done in connection therewith

Signature of Applicant

Donny Ray

Company

U-Haul Company of Southern MA and Cape Cod

Address

403 Bedford Street

Abington, MA 02351

Telephone #

339-469-2964

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass.

7/7/2022

☒ I do consent to the above application.
☐ do not

I suggest the following conditions be included in permit _____

William M. Shuck
Commissioner of Public Infrastructure

I do consent to the above application
do not

Consent of the Commissioner of Buildings

Alvin Menagar

I suggest the following conditions be included in permit _____

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/06/2022

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 Repwest Insurance Company 2721 N Central Ave Phoenix, AZ 85004		CONTACT NAME: PHONE: 602-263-6755 FAX: 602-745-6413 E-MAIL: bjohnson@repwest.com ADDRESS:	
INSURED AMERCO et al including U-Haul et al 2727 North Central Avenue Phoenix		INSURER(S) AFFORDING COVERAGE INSURER A: REPWEST INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
AZ		NAIC #	

COVERAGES

CERTIFICATE NUMBER:

AZ 85004

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 SUBROGATION (INSURER'S CHOICE)	POLICY NUMBER	POLICY EFFECT DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT LOC OTHER		GL22	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X SCHEDULED AUTOS NON-OWNED AUTOS ONLY		02UBT02022	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					PER STATUTE OT-H-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A					EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)
RE: Sarah Perez, 261 Walnut St, New Bedford MA 02740
U-BOX Delivery 7 Boxes 7/13/22-7/19/22

The General Liability policy names the Certificate Holder as additional Insured and shall apply as primary and non-contributory before any other insurance.

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