



75-2022

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

To the Mayor and City Council:

New Bedford, Mass.: March 28, 2022

The undersigned respectfully requests permission to obstruct

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

1856 Acushnet Avenue

for purpose of (Araujo Brothers Plumbing)
boom & scissor lift

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 March 29, 2022 - May 28, 2022

Space proposed to be obstructed in street or sidewalk:

Length 10ft - 4ft -

Projection into sidewalk Sidewalk / Parking lot

Projection into roadway SH-

Nature of obstructions Boom lift

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

Company

Address

Telephone #

Araujo Brothers Plumbing

224 Nyes Lane

Acushnet, MA 02743

508-998-7006

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 3-28-2022

I do consent to the above application.
do not

I suggest the following conditions be included in permit _____

Consent of the Commissioner of Buildings

I do consent to the above application
do not

I suggest the following conditions be included in permit _____

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/28/2022

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
Hadley Insurtl Group
246 Duffee St
Fall River MA 02720

CONTACT
NAME:
PHONE (A/C No. Exl): 508-678-5267 FAX (A/C No.): 508-673-0322
E-MAIL: info@hadleyinsurtl.com
ADDRESS:
INSURER(S) AFFORDING COVERAGE
NAIC #

INSURED
Araujo Bros. Plumbing &
Heating, Inc.
224 Nyes Lane
Acushnet MA 02743

ARAUJ-1

INSURER A : Selective Ins Co of America
INSURER B : Selective Ins Co of Southeast
INSURER C : Berkshire Hathaway
INSURER D : Ironshore
INSURER E :
INSURER F :

COVERAGES

CERTIFICATE NUMBER: 1712249552

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 INSURER (MM/DD/YYYY)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X Blk Contractual X XCU Hazards GENT. AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC OTHER:		S 2399899	5/31/2021	5/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		S 2399899	5/31/2021	5/31/2022	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"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below N/A		ARWC241614	5/31/2021	5/31/2022	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 Occurrence Aggregate Retention 2,000,000 25,000
D	Contractor's Pollution Occurrence Based		DCPTBABOMG1002	5/31/2021	5/31/2022	Occurrence Aggregate Retention 2,000,000 25,000

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

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

Com All

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