Permit # 73-2022

Dig Safe # _____

Date Issued: _____

APPLICATION / AGREEMENT

For TRENCH PERMIT within the City of New Bedford

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: ✓ TRENCH PERMIT

Permission is hereby requested to excavate the surface of: ✓ Private Property ____ Unaccepted or private street

Location of work: 24 North Front St. New Bedford MA

Substantially as per plan annexed, for the purpose of: Installing Check Valve

Work will begin (weather permitting) on: 7-12-2022

Work will end (weather permitting) on: 8-12-2022

Applicant Name: Shoreline Resources

Company Name: Shoreline Resources

Contact Name: Scott Taber 774-930-3795

Excavator(s) Name: William Mikt Reliable Excavation

Hoisting Equipment License Number: H 189 875

Grade: 2A Expiration Date: 5-22-24

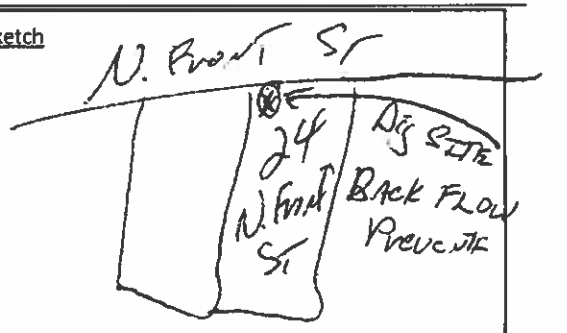
Name & Contact Number of Insurer: Farm Family

Approved By: [signature] Date: 7/7/2022

Title: Admin. Manager

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



@ 30'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/06/22

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	CONTACT NAME: Amanda O'Donnell	
FARM FAMILY AGENCY 205 West Grove St, Ste C Middleboro, MA 02346 License #:	PHONE (A/C, No, Ext): (508)747-8181	FAX (A/C, No):
	E-MAIL ADDRESS: a.odonnell@american-national.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Farm Family Casualty Ins. Co.	
INSURED Reliable Excavating William Milka 241 New Bedford Rd. Rochester, MA 02770-1520 MA 02770-1520	INSURER B :	
	INSURER C :	
	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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Business Package ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			2001X2551	01/01/22	01/01/23	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 25,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☐			2001C6983	01/01/22	01/01/23	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			2001E1658	01/01/22	01/01/23	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			2001W8958	01/01/22	01/01/23	PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

Operations of named insured

BankFive has been added as loss payee.

CERTIFICATE HOLDER

New Bedford Shipyard
24 North Front 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

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