

Permit # ET-2022

Dig Safe # _____

Date Issued: 11/2/22

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: 689 Kempton St

Substantially as per plan annexed, for the purpose of: installing dumpster pad, loading dock and

handicap ramp w/ private property

Work will begin (weather permitting) on: _____

Work will end (weather permitting) on: _____

Applicant Name: Frank Poirier

Excavator(s) Name: Tyson Hammond

Company Name: Access Construction Services, LLC

Hoisting Equipment License Number: _____

Grade: _____

Expiration Date: _____

Contact Name: Frank Poirier

Name & Contact Number of Insurer: Tyson Sheehan

508-429-2100

Approved By: Shirley Lyle
Title: City Engineer

Date: 11-2-22

Provide Sketch

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2022

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	Jensen Sheehan Insurance Agency 760 Washington St. Holliston		CONTACT NAME: Jana Marshall PHONE (A/C, No. EXT): (508) 429-2100 E-MAIL ADDRESS: jana@jensensheehan.com	FAX (A/C, No.): (508) 429-6162
HOLLISTON	MA 01746		INSURER(S) AFFORDING COVERAGE	
INSURED	Access Construction Services LLC 220 Adams Street Holliston		INSURER A: Arbella Indemnity Ins	NAIC # 41360
			INSURER B: Arbella Indemnity Ins	10017
			INSURER C: AmGUARD Insurance Co	
			INSURER D:	
			INSURER E:	
			INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2251814382

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.

INS. SR. LT. R.	TYPE OF INSURANCE	ADDITIONAL SUBR. INSD. (V/D)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Contractors GL \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000 EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A1	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC. <input type="checkbox"/> JECT. OTHER:		8500050363	02/11/2022	02/11/2023	
	AUTOMOBILE LIABILITY					
E1	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		1020001115 11	04/06/2022	04/06/2023	
A1	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	4620090896 03	02/11/2022	02/11/2023	
C1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> Y <input type="checkbox"/> N / A	R2WC304696	05/18/2022	05/18/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

C. CERTIFICATE HOLDER

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

City of New Bedford
133 William Street
New Bedford

MA 02740

City of New Brunswick
133 William St.

DATE: 11/02/22 CUSTOMER#:
TIME: 14:09:12
CLERK: a450sm

RECP#: 4150903 PREV BAL: 30.00
TP/YR: P/2023 AMT PAID: 30.00
BILL: 4150903 ADJUSTMNT: .00
EFF DT: 11/02/22 BAL DUE: .00
Misc Cash Receipts

-----TOTALS-----

PRINCIPAL PAID: 30.00
INTEREST PAID: .00
ADJUSTMENTS: .00
DISC TAKEN: .00
AMT TENDERED: 30.00
AMT APPLIED: 30.00
CHANGE: .00

PAID BY: TRENCH #87-2022 ACCE
PAYMENT METH: CASH
PAYMENT REF:

TOT PREV BAL DUE: 30.00
TOT BAL DUE NOW : .00