



#13-2023

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

New Bedford, Mass. January 11, 2023

To the Mayor and City Council:

The undersigned respectfully requests permission to obstruct

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

46-50 Union Streetfor purpose of use of a crane

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 January 13, 2023 - January 19, 2023

Space proposed to be obstructed in street or sidewalk:

Length 30ft +/-Projection into sidewalk 8ft - 10ft +/-Projection into roadway 15ft - 20ft +/-Nature of obstructions CraneProvisions made for travelers opposite side of street

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 Michael J. LinnCompany South Coast Improvement CompanyAddress 13 Marconi LaneMarion, MA 02738Telephone # 401-692-3363

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 1/11/2023

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

I suggest the following conditions be included in permit Any damage to blue stone sidewalks or curbside street shall be repaired at no cost to Owner/City.

Commissioner of Public Infrastructure

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)

4/1/2022

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).

<b>PRODUCER</b> RogersGray, Inc. - Kingston Branch 63 Smith Lane Kingston MA 02364		<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 508-746-3311 <b>FAX (A/C No.):</b> 877-816-2156 <b>E-MAIL ADDRESS:</b> mail@rogersgray.com	
<b>INSURED</b> South Coast Improvement Company 13 Marconi Lane Marion MA 02738  401-690-3363		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> CNA/Continental Insurance Company <b>INSURER B:</b> Valley Forge Insurance Company <b>INSURER C:</b> National Fire Insurance Company of Hartford <b>INSURER D:</b> Underwriters at Lloyd's London <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35289 20508 20478 15792	

**COVERAGES****CERTIFICATE NUMBER:** 119317895**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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	6079525369	1/19/2022	1/19/2023	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 - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BUA 6079525372	1/19/2022	1/19/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUE 6079525405	1/19/2022	1/19/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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 N	N/A	WC 6 79525386	1/19/2022	1/19/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
B D	Inland Marine Professional Liability			6079525369 B0621PSOUT025621	1/19/2022 1/19/2022	1/19/2023 1/19/2023	Leased/Rented/Ded Each Claim/Aggregate Each Claim Ded \$125,000/\$1,000 \$2M/\$2M \$10,000

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

When Required by Written Contract the following Applies:

General Liability - Additional Insured Ongoing (CNA74705XX 1/15) and Completed Operations (CNA74705XX 1/15) Primary and Non-Contributory Basis (CNA74705XX 1/15), Waiver of Subrogation (CNA74705XX 1/15)  
Automobile - Additional Insured Primary and Non-Contributory Basis (CNA71527XX 10/12), Waiver of Subrogation (923186B 12/10)  
Workers Compensation - Waiver of Subrogation (WC000313 4/84)  
Excess/Umbrella - Additional Insured Follow form over underlying General Liability, Automobile, and Employers Liability with Primary Non-Contributory and Waiver of Subrogation (CNA75504XX 3/15)

**CERTIFICATE HOLDER****CANCELLATION**

FOR INSURANCE PURPOSES ONLY

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