



21-2023

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

New Bedford, Mass: February 01, 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)

40-50 Union Street

for purpose of placement of 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

Feb 2, 2023 - Feb 5, 2023

Space proposed to be obstructed in street or sidewalk:

Length 30 ft x 1-

Projection into sidewalk entire width

Projection into roadway entire width

Nature of obstructions crane

Provisions made for travelers police detail @ location for traffic assistance

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 Jones

Company

South Coast Improvement Company

Address

13 Marconi Lane

Marion, MA 02738

Telephone #

401-692-3363

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. February 1, 2023

I do consent to the above application.  
do not

I suggest the following conditions be included in permit any damage to sidewalks, brick stone, pavement or amenities will be repaired at no cost to city.

Commissioner of Public Infrastructure

Consent of the Commissioner of Buildings

City Engineer

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)  
9/7/2022

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**  
RogersGray, Inc. - Kingston Branch  
63 Smith Lane  
Kingston MA 02364

**CONTACT**  
NAME:  
PHONE (AC, No, Ext): 508-746-3311 FAX (AC, No): 877-816-2156  
E-MAIL  
ADDRESS: mail@rogersgray.com

**INSURER(S) AFFORDING COVERAGE**

NAIC #

**INSURED**  
South Coast Improvement Company  
13 Marconi Lane  
Marion MA 02738

SOUTCOA-07

INSURER A: CNA/Continental Insurance Company

35289

INSURER B: Valley Forge Insurance Company

20508

INSURER C: National Fire Insurance Company of Hartford

20478

INSURER D: Underwriters at Lloyd's London

15792

INSURER E:

INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: 587683075

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	ADLTSUBR INSD LWD	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	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 OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	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 EXCESS LIAB	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	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	Inland Marine Professional Liability		6079525369 B0621PSOUT025622	1/19/2022 1/19/2022	1/19/2023 1/19/2023	Leased Rented/Deed Each Claim/Aggregate \$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**

City of New Bedford  
133 William Street  
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