



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/23

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

Marta's Insurance Agency
170 Springfield St
Chicopee, MA 01013

CONTACT

NAME: _____
PHONE (LOCAL): 413-592-3466 FAX (AC. No.): 413-734-9936
E-MAIL: mlke@sllosekinsurance.com
Address: _____

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

Jesse Faria
Dba Faria's Home Improvements
770 Main Street
Acushnet, MA 02743

INSURER A :

PREFERRED MUTUAL INS CO

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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER.		BOP0100721108	12/21/22	12/21/23	COMBINED SINGLE LIMIT \$ (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY					ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY
	UMBRELLA LIAB					EXCESS LIAB OCCUR CLAIMS-MADE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					DED RETENTION \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS below	N / A				
	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 Williams 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

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4/1.2023

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

To the Mayor and City Council:

New Bedford, Mass: February 13, 2023

The undersigned respectfully requests permission to obstruct

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

for purpose of Roof repair/restructuring

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 February 13, 2023 to February 20, 2023

Space proposed to be obstructed in street or sidewalk:

Length 40 ft +/-

Projection into sidewalk extra width

Projection into roadway 0 ft +/-

Nature of obstructions rope off for roof work

Provisions made for travelers was opposite side of roadway

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

Faria's Home Improvements

Address

770 Main Street

Acushnet, MA 02743

Telephone #

508-326-0230

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. February 13, 2023

☒ I do consent to the above application.
do not

I suggest the following conditions be included in permit use cones & caution tape to keep roped off for pedestrian safety

I do consent to the above application
do not

Sharon Faria
Commissioner of Public Infrastructure
Consent of the Commissioner of Buildings Propan Dinkel - Permit
Eng.

I suggest the following conditions be included in permit _____

Commissioner of Buildings