

PETITION/INDEMNITY AGREEMENT

The undersigned respectfully petitions the City Council for permission to:

Encroach on City Sidewalk for a Wheelchair Ramp
to extend the sidewalk by 11 ft x 5 ft 800 Purchase St.
(Describe fully what the obstruction is & give dimensions. Give EXACT location of obstruction and specify street(s) involved.)

Ab Koka Inc. (Cafe Arpeggio)
(Name of Property Owner - Petitioner)
800 Purchase Street
(Street Address)
New Bedford, MA 02740
(City or town)
(508) 930-9515
(Telephone Number(s))

UPON THE APPROVAL AND ENTRY of an Order of the City Council granting the above mentioned petition, and in consideration of such approval by the City Council of the City of New Bedford, Massachusetts to: Ab Koka Inc (Cafe Arpeggio) New Bedford
(Name of Indemnitor)

his/its, successors, assigns, administrators and executors, hereby agree(s) to protect, save, and keep the City of New Bedford forever harmless and indemnified against and from any and all loss, cost, damage or expense arising out of or from any accident or other occurrence causing injury to any person or property whomsoever or whatsoever as a result of placing said obstruction on/over the sidewalk as described hereinbefore, with the understanding that said obstruction as described above will not interfere with pedestrian traffic or parking meters, if any, on Purchase Street
(Name of Street(s))

at any time.
Ab Koka Inc (Cafe Arpeggio) further agrees to obtain, pay for,
(Name of Indemnitor) New Bedford
and keep in force a public liability insurance policy with limits of \$100,000/300,000 for bodily injury per occurrence and \$50,000 for property damage per occurrence, and shall provide the City Clerk with a Certificate of Insurance naming the City of New Bedford as an additional insured party.

IN WITNESS WHEREOF, Albus Koka, has caused his/its
(Name of Indemnitor)
seal to be hereto affixed and these presents to be signed this 17 day of Sept., 2019

Signed and sealed in the presence of:

Witness

Albus Koka
(Name of Indemnitor)

Owner
Title

THE COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss.

Mass.

Then personally appeared the above-named Albus Koka
and acknowledged the foregoing instrument to be his/its free act and deed before me

Deborah L. Gonzaga
Notary Public

My Commission Expires: 9.17.19

Alamy Romanowicz
Department of Inspectional Services



IN CITY COUNCIL, September 26, 2019

Referred to the Committee on Veterans Affairs, Elderly, Youth, Health, Housing and Disability Issues.

Dennis W. Farias, City Clerk

a true copy attest:

Dennis W. Farias
City Clerk



PURCHASE STREET

BENCHMARK TOP OF GRANITE
PLANTER BED SOUTHEAST
CORNER ELEV ASSUMED=100.00

MAINTAIN & PROTECT
EXISTING LIGHT POLE

MAINTAIN & PROTECT
EXISTING SIGN

MAINTAIN & PROTECT
EXISTING BRICK SIDEWALK

APPROXIMATE LOCATION OF
RIGHT OF WAY AT BLDG FACE (TYP)

PLANTER AREA

LIMIT OF EXISTING SIDEWALK EXCAVATION IS THE FOOTPRINT OF THE
NEW HANDICAP RAMP AND LEVEL LANDING. CONTRACTOR IS
RESPONSIBLE FOR REPLACING SIDEWALK BRICKS DAMAGED BEYOND
THE LIMIT OF EXCAVATION.
CONTRACTOR TO MATCH RUNNING BOND PATTERN & BRICK COLOR

99.55 (MATCH EXISTING GRADE)

NEW CONCRETE RAMP
(8.3% MAX SLOPE)

99.53 (MATCH EXISTING GRADE)

TS=99.90
BS=99.54

NEW HANDRAIL

2% (MAX)

TS=99.93
BS=99.58

EXISTING ENTRANCE TO
MAIN BUILDING

NEW 5'x5' CONCRETE LEVEL LANDING

PROPOSED ENTRANCE
LOCATION

CAFE SPACE
99.97

EXISTING ENTRANCE TO
CAFE (TO REMAIN)

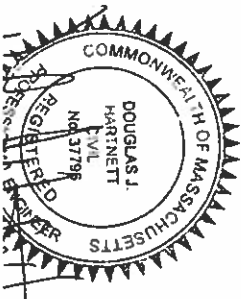
GLASS WALL (TYP)

14" x 14" BRICK
COLUMN (TYP OF 7)

WILLIAM STREET

NOTES

- EXISTING CONDITIONS SHOWN HEREON FOR 800 PURCHASE STREET, NEW BEDFORD, MASSACHUSETTS, DIGITIZED FROM AERIAL IMAGERY.
- SPOT GRADES SHOWN AS DETERMINED BY ON-THE-GROUND TOPOGRAPHIC SURVEY USING EXISTING SURFACE FEATURES TO APPROXIMATE LOCATIONS.
- APPROVAL OF A PETITION TO ENCROACH ON A CITY SIDEWALK WITHIN AN EXISTING RIGHT OF WAY IS REQUIRED FROM THE CITY OF NEW BEDFORD PRIOR TO CONSTRUCTION OF THE HANDICAP RAMP.



HIGHPOINT ENGINEERING, INC.
HANDICAP RAMP
DESIGN
CIVIL ENGINEERING
CONSULTING

CANTON CORPORATE PLACE
45 DAN RHOADS SUITE 140
CANTON, MA 02021
www.HighPointEng.com

CAFE ARPEGGIO NEW BEDFORD
HANDICAP RAMP IMPROVEMENTS

800 PURCHASE STREET
NEW BEDFORD, MA 02740

OWNER/APPLICANT: AB KOKA INC

ISSUE DATE:

09/03/2019

PROJECT NUMBER:

19028

SHEET TITLE:

HANDICAP RAMP
DESIGN PLAN



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
9/16/2019

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 Insureon (BIN Insurance Holdings LLC.) 30 N. LaSalle, 25th Floor, Chicago, IL 60602	CONTACT NAME: PHONE (A/C, No, Ext): (800) 688-1984 FAX (A/C, No): 877-826-9067 E-MAIL: ADDRESS:																					
INSURED Ab Koka Inc 800 Purchase St, New Bedford, MA, 02740	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER B:</td> <td>Hartford Accident and Indemnity Company</td> <td>22357</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Twin City Fire Insurance Company	29459	INSURER B:	Hartford Accident and Indemnity Company	22357	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Yes	46SBAAC3487	1/17/2019	1/17/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					PRODUCTS - COM/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED \$ RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N Yes N/A	46WECAC6YYY	1/17/2019	1/17/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

City of New Bedford is named as Additional Insured as their interests may appear in regards to General Liability.

CERTIFICATE HOLDER**CANCELLATION**
 City of New Bedford
 133 William Street New Bedford MA 02740.

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

CITY COUNCIL

September 26, 2019

ORDERED, That permission be granted to **Ab Koka, Inc., d/b/a CAFÉ ARPEGGIO**, 800 Purchase Street, New Bedford, MA 02740 for permission to encroach on the City sidewalk for a wheelchair ramp extending the sidewalk by 11 ft x 5 ft.

BE IT FURTHER ORDERED, That said permission is hereby granted subject to Petition/Indemnity Agreement of **Ab Koka, Inc. d/b/a CAFÉ ARPEGGIO**, to the City of New Bedford, approved by the City Council on September 26, 2019, a copy of which is attached hereto and made a part thereof, and subject to the approval of the Department of Inspectional Services.

IN CITY COUNCIL, September 26, 2019

Referred to the Committee on Veterans Affairs, Elderly, Youth, Health, Housing and Disability Issues.

Dennis W. Farias, City Clerk

a true copy attest:

City Clerk