

Town of Bourne

OWNER INSURANCE WAIVER

Plumbing, Gas and Electrical ONLY

I am aware that the Licensee ***does not have*** the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) _____ owner _____ owner's agent

Project Address: _____

Owner/Agent Name: _____ Signature: _____

Telephone No: _____ Date: _____

Licensee Name: _____ Signature: _____

License No: _____ Phone No: _____