



DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET – ROOM 308
NEW BEDFORD, MA 02740

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

Electric Permit Owner's Insurance Waiver

Owner Name: _____

Owner Address: _____

Job Site Address: _____

OWNER'S INSURANCE WAIVER: 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

Owner/Agent Signature _____ Date _____

Telephone No. _____



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