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SUDBURY WATER DISTRICT

WATER CONTRACTOR'S LICENSE APPLICATION

Expires Annually on December 31

SUBMIT ALL DOCUMENTS AT TIME OF PAYMENT

- A. Application and Fee \$50.00
- B. 1-Copy (Front & Back) Valid MA Hoisting License
- C. 1-Copy of Certificate of Liability Insurance
- 1-Copy of License or Permit Bond \$5,000.00
- 3 Letters of Municipal Reference (renewal exempt)

FOR DISTRI	CT USE ONLY
Date	Amount Paid
Check No	Rec'd By

Important!

Sudbury Water District is an independent municipal entity, separate and distinct from the Town of Sudbury and is not affiliated with the Town of Sudbury's Department of Public Works. Issue Certificate of Liability Insurance and License or Permit Bond as written below:

CERTIFICATE OF LIABILITY INSURANCE

Certificate Holder

Sudbury Water District

199 Raymond Road P.O. Box 111 Sudbury, MA 01776

Limits

\$1,000,000 Commercial General Liability \$2,000,000 General Aggregate \$1,000,000 Workers Compensation & Employers Liability

LICENSE OR PERMIT BOND

Obligee

Sudbury Water District

199 Raymond Road P.O. Box 111 Sudbury, MA 01776

Amount Term \$5,000.00 1-Year

Description

Water Contractor's License

The undersigned requests consideration for the approval of a Water Contractor's License for water utility work relating to the Sudbury Water District public drinking water system. Water utility work includes but is not limited to domestic and fire trench excavation, installation of water main or service pipe, service pipe installation, repair, alteration, or disconnection to the Sudbury Water District public drinking water system. Work shall be in compliance with the General Regulations of the Sudbury Water District. The undersigned hereby agrees to take and use the water subject to current rules, rates, policies, and regulations as authorized by the Sudbury Water District and agrees to indemnify and hold harmless Sudbury Water District from any claims, losses, damages, expenses, or other liabilities that may arise in the course of the work performed.

		Signature of Applicant or Authorized Agent		
APPLICANT INFORMATION				
DATE				
INDIVIDUAL / CORPORATE NAME		CONTACT PERSON/TITLE		
STREET NO/NAME OR P.O. BOX		OFFICE PHONE	MOBILE PHONE	
CITY STATE	ZIP CODE	EMERGENCY AFTER HOURS P	HONE	
MA HOISTING LICENSE NUMBER / GRADE	EXP DATE	EMAIL ADDRESS		