



Boston Inspectional Services Department
Building and Structures Division
1010 Massachusetts Avenue
Boston, MA 02118

Telephone: 617 635-5300

Liability Waiver Form

Type of Application: _____ Application # _____

Electrical Plumbing Gas Sheet Metal
Owner Owner's Agent

Name: _____

Telephone Number: _____

Location Address: _____

License Professional Name: _____

License #: _____

Owner's Insurance Waiver: *I am aware that the licensee does not have the insurance coverage required by Massachusetts General Laws (Chapters 141, 142, 112). By my signature below, I hereby waive this requirement.*

Owner/Agent Signature: _____

Date: _____