



## TOWN OF ANDOVER

Town Offices  
36 Bartlet Street  
Andover, MA 01810  
978-623-8620  
www.andoverma.gov

### Owner's Insurance Waiver

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Property Address for Proposed Work: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

License #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

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I am aware that the contractor I've hired (named above) does not have liability insurance coverage required by Chapter 142 of the Massachusetts General Laws. By my signature below, I hereby waive this requirement.

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

I am the:  Owner  Owner's Agent

Date: \_\_\_\_\_