

Walter Atwood III
Cemetery Commission Chairman
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Great Barrington, MA 01230
Telephone: (413) 528-0867 x1

Fee: \$150.00
License Number: _____

TOWN OF GREAT BARRINGTON
MASSACHUSETTS

Cemetery Commission – Department of Public Works

**MONUMENT INSTALLATION COMPANY
APPLICATION FOR LICENSE**

Application Date: _____ Annual Fee \$150.00 (7/1 – 6/30)

Name of Applicant: _____

Applicant Mailing & Physical Address: _____

Phone Number: _____ Email : _____

Insurance Requirements:

The contractor shall be responsible to the Town or any third party for any property damage or bodily injury caused by it, any of its subcontractors, employees or agents in the performance of, or as a result of, the work under this Agreement. The Contractor and any subcontractors used hereby certify that they are insured for workers compensation, property damage, and personal liability. The Contractor and any subcontractor it uses shall purchase, furnish copies of, and maintain in full force and effect insurance policies in the amounts similar to those outlined below:

General Liability

Bodily Injury Liability: \$ 1,000,000. per occurrence
Property Damage Liability: \$ 500,000. per occurrence
(or combined single limit) \$ 1,000,000. per occurrence

Automobile Liability

Bodily Injury Liability: \$ 1,000,000. per occurrence
Property Damage Liability: \$ 500,000. per occurrence
(or combined single limit) \$ 1,000,000. per occurrence

Workers Compensation Insurance - Coverage for all employees in accordance with Massachusetts General Laws.

The Applicant shall include \$150.00 fee and a Certificates of Insurance, which include the Town of Great Barrington as an additional named insured and which include a thirty-day notice of cancellation notice to the Town, with the application.