



Town of South Kingstown
Department of Public Services

Application for License to Work Within the Town's Right-of-Way

Company Name _____

Principal/Owner _____

Mailing Address _____

Business Phone _____ Cell Phone _____

Authorized Signature _____

IN CASE OF EMERGENCY CALL:

Name	Address	Phone

CERTIFICATE OF INSURANCE

(Please Note: If either or both of your insurances have expired, you MUST attach insurance certificates to this application to avoid a delay in processing. Please make certain the certificate of insurance states "TOWN OF SOUTH KINGSTOWN IS ADDITIONAL INSURED".)

The Licensee shall carry Comprehensive General Public Liability (\$1,000,000) for all damages arising out of bodily injuries to or death of one person, and subject to that limit for each person, a total limit of not less than One Million Dollars (\$1,000,000) for all damages arising out of bodily injuries to or death of two or more persons in any one accident. The Licensee shall also carry Contractor's Comprehensive Property Damage Liability Insurance providing for a limit of not less than One Million Dollars (\$1,000,000) for all damages arising out of injury to, or destruction of property during the policy period.

Company _____ Agent _____

Amount _____ Expiration _____

PERMIT BOND:

Company _____ Agent _____

Amount \$3,000 Expiration _____

For Public Services Use Only:

Date Fee Paid _____ 2018 License # _____

Check Number _____ Receipt # _____