



WESTMINSTER DEPARTMENT OF PUBLIC WORKS  
P.O. BOX 376 WESTMINSTER, MA 01473 - Tel. (978) 874-5572

Commissioners  
Lorraine J. Emerson, Chairman  
Alan E. Bedard  
Vance A. Butterfield

Joshua W. Hall, P.E.  
Director of Public Works

## TOWN OF WESTMINSTER STREET OPENING PERMIT APPLICANT'S INDEMNITY FORM

**INDEMNITY:** Damage by APPLICANT to Town of Westminister Right-of-Way or Public travel way.

The APPLICANT shall compensate the Town of Westminister for all damages of any nature to a Town of Westminister Right of Way or Public Travel way arising out of the APPLICANT's work.

**INDEMNITY:** Legal Liability

The APPLICANT shall indemnify, defend and save harmless the Town of Westminister, (and its elected and appointed officials, employees, and agents) for any and all suits, actions, legal or administrative proceeding, claims, demands, liabilities, interest, attorneys fees, costs and expenses of whatsoever kind or nature, whether arising before or after final acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the APPLICANT, or any one acting under the APPLICANT's direction, control or on the APPLICANT's behalf in connection with or incident to the APPLICANT's work or performance thereof.

**INDEMNITY:** Workers Compensation

The APPLICANT agrees to comply with the MA Workers' Compensation Act. The APPLICANT shall indemnify, defend and save harmless the Town of Westminister, (and its elected and appointed officials, employees, and agents) for any and all suits, actions, legal or administrative proceeding, claims, demands, liabilities, interest, attorneys fees, costs and expenses of whatsoever kind or nature, arising out of bodily injury and/or death and/or injury to the APPLICANT (if an individual) or to any person acting under the APPLICANT's direction, control or on the APPLICANT's behalf in connection with or incident to the work or performance thereof.

ACCEPTED BY THE APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPLICANT's NAME & ADDRESS

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