

Melbourne Chevra Kadisha Cemeteries Trust

Monumental Mason Registration Application

(To be completed by mason)

Business Name: _____

ABN: _____

Address: _____

Contact Name: _____

Phone: _____ **Fax:** _____

Mobile: _____ **Email:** _____

I wish to apply for registration to install monuments.

I have attached:

- Completed Contractor Insurance Declaration
- Copies of Insurance Certificate of Currency
- Signed copy of MCKCT Site Requirements

Name: _____

Position _____

Signed Date: _____ **Date / /**

Contractor Insurance Declaration

Business Name: _____

ABN: _____

Address: _____

Contact Name: _____

Phone: _____ **Fax:** _____

Mobile: _____ **Email:** _____

Insurance:

Certificates of currency must be attached.

Public Liability (minimum \$10M)

Insurer _____ Policy No. _____ Expiry Date __/__/__

Workers Compensation

Insurer _____ Policy No. _____ Expiry Date __/__/__

Professional Indemnity (where applicable)

Insurer _____ Policy No. _____ Expiry Date __/__/__

Name: _____

Position _____

Signed Date: _____ **Date / /**