

EXCAVATING CONTRACTOR REGISTRATION

Company Name: _____

Business Address: _____

Telephone :_() _____ Fax :_() _____

City, State, Zip: _____

State License No.: _____ Exp. Date: _____

Name of Principal: _____

Address: _____

(If different from above.)

City, State, Zip: _____

(If different from above.)

Telephone :_() _____

REQUIREMENTS:

- **Automobile Liability:** \$500,000.00 Combined Single Limit
- **Comprehensive Liability,**
General Aggregate \$2,000,000.00 Min Limits
- **Workmen Compensation:** \$500,000.00 Min Limit
- **License and Permit Bond:** \$15,000.00 Min Limit
- **City of Waukegan** Addition Insured.

Signature of Applicant

Date

APPROVED: _____

NOT APPROVED: _____

Michael D. Bergquist, Plumbing Inspector

Date