

# **GENERAL CONTRACTOR' REGISTRATION**

**Registration Fee: \$50.00**

Company Name:\_\_\_\_\_

Business Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Name of Owner/Principal:\_\_\_\_\_

Address of Owner/Principal:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

(If different from above.)

Business Telephone:\_\_\_\_\_ Fax #:\_\_\_\_\_

## **INSURANCE CERTIFICATE REQUIRED FOR THE FOLLOWING:**

- **Comprehensive Liability,**  
General Aggregate \$2,000,000. Min Limits
- **Workmen's compensation** \$500,000. Min Limits  
If you do not carry Workmen's Compensation please  
complete the attached waiver.
- **Automotive Liability** \$500,000. Combined Single Limit
- **CITY OF WAUKEGAN, AS ADDITIONAL INSURED**

***No registration will be approved without insurance.***

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General Contractors Registration

**I hereby certify:**

(Answer Yes or No )

1. \_\_\_ That I am familiar with the B.O.C.A "96" Codes and C.A.B.O. "92" Codes.
2. \_\_\_ That I have sufficient experience to be a contractor
3. \_\_\_ That I will call for inspections before any work I covered.
4. \_\_\_ That I will complete all work in a workmanlike manner.
5. \_\_\_ That I will hold the City of Waukegan harmless of any and all situation that may occur while the construction is being done.

**List address of projects worked in the last year.**

(Need not be in Waukegan.)

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\_\_\_\_\_  
**NAME OF APPLICANT**

\_\_\_\_\_  
**DATE**

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Application Approved: \_\_\_\_\_

Application Not Approved: \_\_\_\_\_

\_\_\_\_\_  
**Jim Pullen, Building Inspector**

\_\_\_\_\_  
**Date**