

H.V.A.C. CONTRACTOR'S REGISTRATIONS

Registration Fee: \$75.00

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 \$2,000,000.00 Min Limits
- **Workmen's compensation:** \$500,000. Min Limits
If you do not carry Workmen's Compensation, please request waiver.
- **Automotive Liability:** \$500,000. Combined Single Limit
- **City of Waukegan as Additional Insured**
- **E. P. A. Card:** Environmental Protection Agency

No registration will be approved without insurance.

(Applicant)

Date

APPROVED: _____

NOT APPROVED: _____

Jody Lanning, Assistant Bldg Commissioner/H.V.A.C Date