

LANDSCAPERS REGISTRATION

Registration Fee: \$50.00

Company Name: _____

Business Address: _____

City, State, Zip: _____

Name of Owner/Principal: _____

Address of Owner/Principal: _____

City, State, Zip: _____

(Complete 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 request work comp waiver.
- **Automotive Liability:**
\$500,000 Combined Single Limit
- **CITY OF WAUKEGAN, AS ADDITIONAL INSURED**

No registration will be approved without insurance.

NAME OF APPLICANT

DATE

Application Approved: _____

Application Not Approved: _____

Jim Pullen, Building Inspector

Date