

SIGN ERECTOR CONTRACTOR'S REGISTRATIONS

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 \$2,000,000.00 Min Limits
- **Workmen's compensation,** \$500,000. Min Limits
If you do not carry Workmen's Compensation please request waiver.
- **City of Waukegan, to be named additional insured.**
- **Automotive Liability,** \$500,000.00 Combined Single Limits
- **License and Permit Bond** \$10,000.00
- **Electrical Signs: Electrical Registration Required.**

(Applicant) _____ Date

APPROVED: _____ NOT APPROVED: _____

Paul Torgersen, Sign Inspector Date