

SPECIALITY 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 \$2,000,000.00 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, ADDITIONAL INSURED**

No registration will be approved without all the required insurances.

Choose One (1) Only

Masonry/Bricks:____ Landscaping:____ Tree/Stump Removal:____

Board Up Service:____ Siding:____ Roofing:____

I hereby certify:
(Answer Yes or No)

1. ___ That I am familiar 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.)

NAME OF APPLICANT

DATE

Application Approved: _____

Application Not Approved: _____

Jim Pullen, Building Inspector

Date