

STATE LICENSED ROOFER'S REGISTRATION
\$50.00 Registration Fee

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 :

- **Copy of State Roofing License**

- **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 Additional Insured**

No registration will be approved without insurance.

Signature of Applicant

Date

APPROVED: _____

NOT APPROVED: _____

Jim Pullen, Building Inspector

Date