

# Town of Newburgh Contractor Listing Application

CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Type of work performed by Contractor: \_\_\_\_\_

**PROOF OF INSURANCE (ATTACH TO THIS FORM)\***

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agent: \_\_\_\_\_

**\*Proof of a public liability and property damage insurance policy insuring the above listed contractor and naming the Town of Newburgh, Indiana as "additional insured" in an amount of not less than Five Hundred Thousand (\$500,000.00) with a fifteen (15) day notification of cancellation.**

INDIVIDUALS AUTHORIZED TO SECURE PERMITS UNDER THIS LISTING

<u>NAME</u>	<u>SIGNATURE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I certify that the information contained within is true and correct.

\_\_\_\_\_ Name of Applicant

\_\_\_\_\_ **Signature** (Must be a Principal of the Company)

\_\_\_\_\_ Date



FOR TOWN USE ONLY

DATE RECEIVED: \_\_\_\_\_ PROOF OF INSURANCE ATTACHED: \_\_\_\_\_

EFFECTIVE DATES: \_\_\_\_\_

ANNUAL LISTING FEE \$25.00 \_\_\_\_\_

APPROVED: \_\_\_\_\_

Zoning Administrator