Village of Westchester

10300 West Roosevelt Road, Westchester, IL 60154
Phone: (708) 345-0199 • Email: building@westchester-il.gov

CONTRACTOR'S REGISTRATION APPLICATION

(please print)

Type of trade or occupation: _____

Name of Company: _____ **Phone:** _____

Address (no PO boxes): _____
street city state zip

Owner/Manager: _____ **Phone:** _____

Address (no PO boxes): _____
street city state zip

E-mail: _____

Registration is per calendar year January 1st- December 31st

THE FOLLOWING MUST ACCOMPANY EACH APPLICATION:

1. **Liability Insurance:** Please attach a copy of your liability insurance which:
   a. The certificate must include the Village of Westchester as **ADDITIONAL INSURED AND CERTIFICATE HOLDER**. This form is typically a CG2010 or CG 2026, and a CG2001, CG2012 (Permit Only) or a blanket form, as least as broad.
   b. Minimum Requirements: $1,000,000 combined single limit per occurrence for bodily injury and property damage.
   c. The certificate must show WORKMEN'S COMPENSATION insurance. If you are self employed, please provide a letter on your letterhead stating that you are not required to carry Workmen's Compensation.

   ****Please note: No certificate of insurance is required for Illinois licensed plumbers or Illinois licensed alarm companies**

2. **Bond:** Please provide a **$25.000 LICENSE AND PERMIT BOND**. The bond must accompany this application.
   ****Please note: No bond is required for Illinois licensed plumbers or Illinois licensed private alarm companies**

3. **Registration Fee:**

General Contractor	$200.00
Subcontractor	$100.00
Waste Haulers/Dumpsters	$600.00
Illinois licensed plumbers	No Fee
Illinois Licensed Alarm Companies	No Fee
Fee for working without registering	Additional 50% of the registration fee

4. **Licenses:**
   State Plumbers License: Provide a copy of your Illinois State Plumbing Contractor Registration (055) **AND** one of the following:
   a. Illinois State Plumbers License (058); or
   b. City of Chicago Plumbers License

   State Roofers License
   State Private Alarm Contractors License
   Electricians License (I.D. Card will NOT be accepted.)

PERMITS WILL NOT BE ISSUED UNLESS YOU HAVE FULFILLED THE CRITERIA LISTED ABOVE. NO EXCEPTIONS

I, the undersigned, agree that I will not proceed with work in the Village of Westchester until a Contractor's Registration has been issued and a permit has been obtained. I further agree to schedule all required inspections pursuant to said permit. Contractor certifies that all required training related to applicable National Pollutant Discharge Elimination System permits has been completed by all employees, subcontractors or other vendors working on behalf of the contractor within on Village projects or within the Village's municipal limits

Signature: _____ **Date:** _____

Print Name: _____ **Fee:** _____ **Date Paid:** _____

GOCONST OP ID: ES

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/17/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

CONTACT NAME:

EXAMPLE OF ADDITIONAL INSURED AND CERTIFICATE HOLDER:

INSURED **ITEMS HIGHLIGHTED BELOW MUST BE PROVIDED ON COI IN ORDER TO COMPLETE CONTRACTOR'S REGISTRATION.**

INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR	X			10/26/2016	10/26/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
A	X POLLUTION						MED EXP (Any one person)	$ 5,000
A	X PROFESSIONAL						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [Y] N/A				04/26/2017	04/26/2018	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VILLAGE OF WESTCHESTER IS LISTED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER

VILLWES

Village of Westchester
10300 Roosevelt Rd.
Westchester, IL 60154

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE