

Contractor's Registration Form

City of Union City  
Building Department

Number : \_\_\_\_\_

Date : \_\_\_\_\_

Personal information : ( Contractor, Owner, President, Principal Officer )

Last Name : \_\_\_\_\_ First : \_\_\_\_\_

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

City, State, Zip : \_\_\_\_\_ Home phone : \_\_\_\_\_

Company's information :

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

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

City, State, Zip : \_\_\_\_\_ Phone : \_\_\_\_\_

CLASSIFICATION UNDER WHICH REGISTRATION IS REQUESTED. Check appropriate box.

- ( ) General Contractor
- ( ) Sign / Billboard Contractor
- ( ) Contractor
- ( ) Demolition Contractor
- ( ) Roofing / Siding Contractor
- ( ) Other : \_\_\_\_\_

Years in business : \_\_\_\_\_ Years at business address : \_\_\_\_\_

Insurance Company : \_\_\_\_\_ Coverage amount : \_\_\_\_\_

Producer's name : \_\_\_\_\_ Producer's phone : \_\_\_\_\_

Please be advised that ONLY original certificates of insurance will be accepted.

I \_\_\_\_\_ hereby acknowledge that I have read this application and state that it is correct and agree to comply with all the ordinances of the City of Union City.

Signature : \_\_\_\_\_ S.S. # or Federal I.D. # \_\_\_\_\_

I have reviewed this application and find it in accordance with ordinance 13-11 of the City of Union City.

Sworn and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 2000.

\_\_\_\_\_  
Construction Official

Date : \_\_\_\_\_

PRODUCER

FAX

175 Co

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURER

Contractor's Co.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</p> <p>GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG</p>	13SBMNN6442	01/14/2009	01/14/2010	<p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000</p> <p>MED EXP (Any one person) \$ 10,000</p> <p>PERSONAL &amp; ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS - COMP/OP AGG \$ 2,000,000</p>
	<p>AUTOMOBILE LIABILITY</p> <p>ANY AUTO</p> <p>ALL OWNED AUTOS</p> <p>SCHEDULED AUTOS</p> <p>HIRE AUTOS</p> <p>NON-OWNED AUTOS</p>				<p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p> <p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN AUTO ONLY: EA ACC AGG \$</p> <p>AGG \$</p>
	<p>GARAGE LIABILITY</p> <p>ANY AUTO</p>				<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
	<p>EXCESS/UMBRELLA LIABILITY</p> <p>OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/></p> <p>DEDUCTIBLE</p> <p>RETENTION \$</p>				<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
A	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) <input type="checkbox"/> Y/N</p> <p>If yes, describe under SPECIAL PROVISIONS below</p> <p>OTHER</p>	13WECIR2446	01/14/2009	01/14/2010	<p>WC STATUTORY LIMITS OTHER</p> <p>E.L. EACH ACCIDENT \$ 100,000</p> <p>E.L. DISEASE - EA EMPLOYEE \$ 100,000</p> <p>E.L. DISEASE - POLICY LIMIT \$ 500,000</p>

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

City of Union City  
3715 Palisades Avenue  
Union City, NJ 07087  
RD 25 (2009/01)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE