



Village of Westchester

10300 West Roosevelt Road, Westchester, IL 60154
Phone: (708) 345-0199 • Fax: (708) 345-0884 • Email: Building@westchester-il.org

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**

2. **Bond:** Please provide a **\$25,000 LICENSE AND PERMIT BOND**. The bond must accompany this application. A copy or fax is acceptable to issue the permit, but the original must be signed and mailed to Village of Westchester.

****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
Fee for working without registering	Additional 50% of the registration fee

4. **Licenses:**

State Plumbers License: Please 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: _____



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:

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

CANCELLATION

VILLWES

Village of Westchester
10300 Roosevelt Rd.
Westchester, IL 60154

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