

# VILLAGE OF TILTONSVILLE CONTRACTOR REGISTRATION FORM

FIRM NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TYPE OF TRADE OR BUSINESS \_\_\_\_\_

\_\_\_\_\_ Individual Proprietorship      \_\_\_\_\_ Partnership      \_\_\_\_\_ Corporation

**PUBLIC LIABILITY INSURANCE CARRIER**

\_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

AMOUNT OF COVERAGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**NOTE: CERTIFICATE OF LIABILITY INSURANCE MUST BE PROVIDED**

**WORKERS COMPENSATION INSURANCE CARRIER** \_\_\_\_\_

ADDRESS OF AGENT: \_\_\_\_\_

PHONE # AGENT: \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_

**CERTIFICATE OF WORKERS COMPENSATION INSURANCE MUST BE PROVIDED**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_      **APROVED BY:** \_\_\_\_\_

\$25.00 Annual fee must accompany application