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: _____ Approved BY: _____

$25.00 Annual fee must accompany application