



DEPARTMENT OF PUBLIC WORKS
 15722 SOUTH LOREL AVENUE
 OAK FOREST, ILLINOIS 60452

Mailing Address:
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 Oak Forest, Illinois 60452

Phone: **708.535-4090** Fax: **708.687-2028**

PUBLIC WORKS CONTRACTOR'S REGISTRATION APPLICATION

Name of Business: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

24Hour Emergency Contact Name: _____

General Contractor (if applicable) Job Site

All Contractors must register prior to January 1 of each year: Yearly Registration Fee \$100.00

ALL CONTRACTORS MUST SUBMIT:

Unless otherwise provided by franchise, license, or similar agreement, each utility occupying right-of-way or constructing any facility in the right-of-way shall secure and maintain the following liability insurance policies insuring the utility as named insured and naming the City, and its elected and appointed officers, officials, agents, and employees as additional insured's on the policies listed in paragraphs 1 and 2 below:

- 1) Commercial general liability insurance, including premises operation, explosion, collapse, and underground hazard.
 - Five million dollars (\$5,000,000) for bodily injury or death to each person;
 - Five million dollars (\$5,000,000) for property damage resulting from anyone accident; and
 - Five million dollars (\$5,000,000) for all other types of liability;
- 2) Automobile liability for owned, non-owned and hired vehicles with a combined single limit of one million dollars for personal injury and property damage for each accident;
- 3) Worker's compensation with statutory limits; and
- 4) Employer's liability insurance with limits of not less than one million dollars (\$1,000,000) per employee and per accident.

If the utility is not providing such insurance to protect the contractors and subcontractors performing the work, then such contractors and subcontractors shall comply with this Section.

- Excess or Umbrella Policies. The coverage required by this section may be in any combination of primary, excess, and umbrella policies. Any excess or umbrella policy must provide excess coverage over underlying insurance on a following-form basis such that when any loss covered by the primary policy exceeds the limits under the primary policy, the excess or umbrella policy becomes effective to cover such loss.

I HEREBY DECLARE THAT ALL OF THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO COMPLY WITH ALL CITY AND STATE CODES, ORDINANCES AND LAWS NOW IN FORCE AND ANY OTHERS THAT MAY BE ENACTED DURING THE DURATION OF REQUESTED LICENSE. I FURTHER UNDERSTAND THAT DURING THIS LICENSING PERIOD, SHOULD ANY OF THE REQUIRED INSURANCE/LICENSING DOCUMENTS EXPIRE, THIS LICENSE BECOMES NULL AND VOID.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY

Fee Paid Cash _____ Check _____ Date: _____

Approved Signature: _____ Date: _____