

Town of Newburgh Contractor Listing Application

CONTRACTOR INFORMATION:

Company Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Sole Proprietor: _____ Partnership: _____ Corporation: _____

Type of work performed by Contractor: _____

PROOF OF INSURANCE (ATTACH TO THIS FORM)*:

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

*** Proof of public liability and property damage insurance policy insuring the above listed contractor and naming the Town of Newburgh, Indiana as "additional insured" in an amount of not less than Five Hundred Thousand (\$500,000.00) with a fifteen (15) day notification of cancellation.**

INDIVIDUALS AUTHORIZED TO SECURE PERMITS UNDER THIS LISTING:

- All individuals within the company are authorized to secure permits.
- The following individuals are authorized to secure permits (attach separate sheet if more lines are needed):

NAME

SIGNATURE

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

I certify that the information contained within is true and correct.

Name of Applicant

Signature of Applicant

Date

FOR TOWN USE ONLY:

DATE RECEIVED: _____ EFFECTIVE DATES: _____

ANNUAL FEE PAID: _____ PROOF OF INSURANCE ATTACHED: _____

APPROVED: _____
Zoning Administrator