

The Village of Peotone

OFFICE : 208 E MAIN STREET
P.O. BOX 430
PEOTONE, ILLINOIS 60468-0430
PHONE: (708) 258-3279
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Date: _____

CONTRACTOR REGISTRATION APPLICATION FORM

Fiscal Year April 1st through March 31st

Name of Company: _____

Address: _____

Type of Trade: _____

Phone: _____ Cell Phone: _____

GENERAL CONTRACTOR AND SUB-CONTRACTOR INSURANCE REQUIREMENTS:

The Village of Peotone is requiring all general contractors and sub-contractors to maintain the following insurance coverage to protect the Village from suffering a financial loss that is not directly under their control.

General Contractors: \$1,000,000 each occurrence
Statutory Limits for Workman's Compensation

Sub-Contractors: \$300,000 each occurrence
Statutory Limits for Workman's Compensation

The Village of Peotone reserves the right to demand specific insurance requirements for specific contracts.

- **A Certificate of Insurance issued to the Village of Peotone is required.**
- **Roofing contractors must enclose a copy of their current state license.**
- **Plumbing contractors must enclose a copy of their current state plumbing license and current state contractor's license.**
- **Irrigation installers must enclose a copy of their current state license.**

General Contractor or Sub-Contractor hold harmless agreement:

The contractor shall indemnify and hold harmless the municipality and its agents and its employees from and against all claims for personal injury or property damage, including claims against the Village, its agents or servants, arising out of the Illinois Structural Work Act, and all losses and expenses including attorneys fees that may be incurred by or resulting from the performance of the work and caused in whole or in part by any negligent act or omission of the contractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder. In any and all claims against the Village of Peotone or any of its agents or servants by an employee of a contractor, any sub-contractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this paragraph shall not be limited in anyway by any limitation on the amount or type of damages, compensation or benefits payable by or for the contractor or sub-contractor under workman's compensation act, disability acts, or their employee benefit acts.

Signature (Contractor or Sub-Contractor)

CONTRACTOR REGISTRATION APPLICATION FORM (continued)

I / We, _____ doing business as _____
(Name of Business)

(Address) (City) (State) (Zip)

_____, hereby request
(Phone) (Fax)

permission to engage in the trade of _____ contractor in the Village of Peotone, Illinois,
for Fiscal Year 2010/2011.

Number of Employees: _____ Email Address: _____

I / We are familiar with the provisions of the building regulations of the Village of Peotone and agree to
conform with their requirements.

Signature of Owner, President or Partner

FEES:
GENERAL CONTRACTOR: \$100.00
SUB-CONTRACTOR: \$ 50.00

**DO NOT WRITE BELOW THIS LINE
(Office Use Only)**

- | | | |
|--|-------|-------|
| 1. Certificate of Insurance issued to the Village of Peotone | _____ | _____ |
| Expiration Date: _____ | Yes | No |
| 2. Verification of Workman's Compensation | _____ | _____ |
| | Yes | No |
| 3. Application Fee \$ _____ | _____ | _____ |
| | Yes | No |

Application Received by: _____ Date _____

Application Approved by: _____ Date _____