CITY OF WHITING, INDIANA
APPLICATION FOR CONTRACTOR'S LICENSE

LICENSE NUMBER _____

Applicant's Name	Date
Company Name	Type of Contracting Work
Address	Type of License
City, State, Zip Code	Individual/Firm/Corporation
Telephone Number	Emergency or Cell Number
e-Mail Address	Fax Number

List names and addresses of all owners if business is a sole proprietorship or partnership. List all names and addresses of all officers and registered servicing agents if business is a corporation:

_____

_____

_____

_____

_____

In what cities in Indiana are you licensed? _____

_____

You will be required to submit the following prior to issuance of license:

1. A Certificate of Insurance evidencing an active/current policy showing the City of Whiting as the Certificate Holder with a combined single limit of $300,000.00 for bodily injury and property damage liability;
2. A license bond $5,000.00 issued by a Surety Company authorized to do business in the State of Indiana, **which has been recorded by the Lake County Recorder in Crown Point, Indiana**;
3. An insurance certificate or statement evidencing that your business is fully insured for Indiana Workmen's Compensation in conformity with the laws of the State of Indiana including an active policy number or an Indiana Department of Revenue Worker's Compensation Clearance Certificate for Independent Contractors; and
4. A fee of $100.00.

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All licenses expire on December 31 of the year they are written.

I understand that I, or a representative of the above Applicant's business, must inform the City in writing by certified mail, return receipt requested, should the business no longer carry insurance, if the business is dropped from an insurance carrier, or if any policy limits are reduced to an amount less than is required by the above and foregoing application as to all of the following types of insurance coverage: property damage, bodily injury and workman's compensation insurance as is required pursant to this Application.

I understand that if the above Applicant's business if dropped, no longer carries, or carries insurance in an amount less than is required by the Application or the laws of the State of Indiana, then the Business's License issued by the City as a result of this Application shall be immediately rescinded and is void.

I understand that the above Business Applicant is solely responsible and holds the City of Whiting harmless and indemnifies the City of Whiting against any bodily injury, property damage, damages resulting from and Workman's Compensation claims or any and all other damages and costs resulting either directly or indirectly from any work performed as to the above Application.

I affirm under the penalties for perjury that all employees, agents and independent contractor's working directly or indirectly for the above business are fully covered by Workman's Compensation Insurance pursuant to the conditions and limits in conformity with the laws of the State of Indiana.

I affirm, under the penalities for perjury, that the above and foregoing representations are true and correct to the best of my knowledge and belief.

DATE: _____

_____
Representative's Signature (required)

_____
(Printed)

This form is also available at www.whitingindiana.com.

CITY OF WHITING
1443 119TH STREET
WHITING, IN 46394
(219) 659-7700
www.whitingindiana.com

LAKE COUNTY RECORDER
2293 N. MAIN ST.
CROWN POINT, IN 46307
(219) 755-3730
www.lakecountyin.org/portal/group/recorder

WORKERS COMPENSATION BOARD
100 N. SENATE AVE.
ROOM N-105
INDIANAPOLIS, IN 46204
(317) 232-3808
www.in.gov/wcb