



Borough Of Lansdowne

12 East Baltimore Avenue
Lansdowne, PA 19050
(610) 623-7300
Fax: (610) 623-5533

Jayne C. Young
Mayor

Contractor's Registration Effective January 1 through December 31, 2009

Application Date : _____ Approval Date : _____

The undersigned hereby registers to work in the Borough of Lansdowne, PA for the year 2009 beginning with date of approval of Contractor Registration and proof of current insurance.

Owner(s) Name _____
(Partners, Directors, Officers)

Business/Trade Name: _____

Type of Trade : _____
(roofer, general contractor, landscaper, electrician, paver, concrete, etc)

Business Address: _____

Business Phone: _____ Fax: _____

Applicant's Signature: _____

Approved: _____ License Number CL- _____ - _____

Has the applicant had a similar contractor's license refused or revoked by any municipality within two years of the application? [] YES [] NO

If Yes, please explain in writing the reasons for same: _____

INSURANCE REQUIREMENT: No contractor's license shall be issued unless the applicant files a certificate of insurance and worker's compensation coverage with the inspector at the time of the license application. The certificate of insurance and worker's compensation coverage shall contain a provision that coverage afforded under the policy will not be cancelled until at least fifteen (15) day's prior written notice of such cancellation has been given to the Borough. The certificate of insurance must evidence policies of insurance for public liability, property damage, product liability and completed operations, each of which must have a single occurrence limit of at least \$300,000.

FEE: \$95.00 if registered after February 1 each year - \$85.00 before Feb. 1.
\$15.00 for each additional employee

(Over Please)→

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. Is the applicant a contractor within the meaning of the Pennsylvania Workers Compensation Law?

[] YES [] NO

If YES, complete Sections B and C only

If NO, complete Section D only

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification Number: _____

C. Workers Compensation Information:

Applicant is a qualified self-insurer for workers compensation. Attach certificate.

Name of Workers Compensation Insurer: _____

Policy Number: _____

Expiration Date: _____

D. Signature of Applicant: _____

Title: _____

Business Name: _____

Address: _____

Phone Number: _____

Date: _____

In Addition to the above completed form, a Certificate of Liability showing all coverage and showing Lansdowne Borough as the Certificate Holder must come directly from the insurance company. Registration will not be approved without all pertinent documentation.