

**CITY OF WHITING, INDIANA
APPLICATION FOR
ELECTRICAL CONTRACTOR LICENSE
LICENSE NUMBER _____**

Applicant's Name

Date

Company Name

Individual Firm Corporation

Address

Telephone Number

City, State, Zip Code

Emergency or Cellular Telephone #

E-mail Address

In what other cities are you licensed? _____

LIST NAMES AND ADDRESSES OF OWNERS AND/OR OFFICERS:

Have you been previously engaged in this type of business? _____
How long? _____ Type of experience: Industrial _____ Commercial _____ Res. _____

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 a Indiana Department of Revenue Worker's Compensation Clearance Certificate for Independent Contractors; and
4. An initial license fee of \$100.00; renewal fee of \$50.00.

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 pursuant to this Application.

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State of Indiana, then the Business's License issued by the City as a result of this Application shall be immediately rescinded and is void.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

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

LAKE CO. RECORDER
2293 N. MAIN ST.
CROWN POINT, IN 46307
(219) 755-3730

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