



Town of Newburgh Contractor Listing Application

CONTRACTOR INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____ E-mail: _____

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: _____

Agent: _____

***Proof of a 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

NAME

SIGNATURE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

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

Name of Applicant

Signature (Must be a Principal of the Company)

Date

FOR TOWN USE ONLY

DATE RECEIVED: _____

PROOF OF INSURANCE ATTACHED: _____

EFFECTIVE DATES: _____

CL NUMBER: 2007- _____

ANNUAL LISTING FEE \$25.00 _____

APPROVED: _____

**Frank A. Hijuelos
Zoning Administrator**