

| Date: |  |  |
|-------|--|--|
|       |  |  |

## CONTRACTOR REGISTRATION APPLICATION FORM

Fiscal Year April 1, 2024 through March 31, 2025

| Name of Company: |    |               |      |
|------------------|----|---------------|------|
| Address:         |    |               | <br> |
|                  |    |               | <br> |
| Type of Trade:   |    | Website: _    | <br> |
| Phone:           | 14 | 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 contactor's license.
- Irrigation installers must enclose a copy of their current state license.
- A Copy of a Government Issued photo ID

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 attorney's 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. 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)

(708) 258-3279

Updated 02/2024

WWW.VILLAGEOFPEOTONE.COM



## **CONTRACTOR REGISTRATION APPLICATION FORM (continued)**

| I / We,  | doing business as(Name of Business) |                              |                            |  |
|--|-------------------------------------|------------------------------|----------------------------|--|
|  |                                     |                              |                            |  |
| (Address)  | (City)                              | (State)                      | (Zip)                      |  |
| (Phone)  | (Fax)                               | , he                         | ereby request              |  |
| permission to engage in the trade of                     |                                     | contractor in the Vi         | llage of Peotone. Illinois |  |
| for Fiscal Year 2024/2025.                               |                                     |                              |                            |  |
| Number of Employees:                                     |                                     | Email Address:               |                            |  |
| I / We are familiar with the provisions of               |                                     |                              |                            |  |
| conform with their requirements.                         |                                     |                              |                            |  |
|  | Signatu                             | re of Owner, President or Pa | artner                     |  |
| FEES: GENERAL CONTRACTOR: \$100.0 SUB-CONTRACTOR: \$50.0 |                                     |                              |                            |  |
| DC   | NOT WRITE BE<br>(Office Us          | ELOW THIS LINE<br>se Only)   |                            |  |
| Certificate of Insurance issued to                       | to the Village of F                 |                              |                            |  |
| Expiration Date:   |                                     | Yes                          | No                         |  |
| 2. Verification of Workman's Com                         | pensation                           | Yes                          | No                         |  |
| 3. Government Issued Photo ID                            |                                     | Yes                          | No No                      |  |
| 4. Application Fee \$                                    | _                                   | Yes                          | No                         |  |
| Application Received by:                                 |                                     |                              |                            |  |
|  |                                     | Da                           | te                         |  |

Updated 02/2024

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