

**BOROUGH OF CONSHOHOCKEN**  
1 W. First Ave., Ste. 200  
Conshohocken, PA 19428  
Phone: (610) 828-1092 Fax: 610-828-0920  
**CONTRACTOR REGISTRATION APPLICATION**  
**REGISTRATION and HVAC FEE \$75.00**

**INSURANCE CERTIFICATE LISTING BOROUGH OF CONSHOHOCKEN AS AN  
ADDITIONAL INSURED MUST ACCOMPANY APPLICATION**

**BUSINESS INFORMATION**

**FIRM NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** (\_\_\_\_) \_\_\_\_\_ **FAX #:** (\_\_\_\_) \_\_\_\_\_ **CELL #** (\_\_\_\_) \_\_\_\_\_

**TYPE OF BUSINESS**      **Individual Proprietorship**      **Partnership**      **Corporation**  
**Number of Years in Business** \_\_\_\_\_

**INSURANCE INFORMATION**

**Liability Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Expires:** \_\_\_\_\_

**Workman's Compensation Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Expires:** \_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_ **Policy Period:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_

The Applicant shall provide Certificate of Insurance coverage for public liability, property damage, product liability and complete operations, in the amount of \$300,000., blasting work insurance requirements established at time of application.

**IF YOU ANSWERED "YES" TO ANY QUESTION, PLEASE ATTACH EXPLANATION**

Has your Registration or License been revoked by any municipality within the last 2 years?      **YES**      **NO**  
Have you any outstanding civil judgments pertaining to your work as a contractor?      **YES**      **NO**

**FORMS MUST BE NOTARIZED IF CHECKED BELOW**

\_\_\_\_\_ I am a Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this Permit unless Contractor provides proof of Workers' Compensation Insurance to the Borough. A STOP WORK ORDER WILL BE ISSUED.

I certify that the statement(s) contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
NOTARY (seal)

My Commission Expires: \_\_\_\_\_

**Borough Authorized Signature:** \_\_\_\_\_