MONTGOMERY TOWNSHIP
DEPARTMENT OF PLANNING AND ZONING
1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605
Telephone: 215-393-6920 · Fax: 215-855-1498
www.montgomerytwp.org

ADDRESS WHERE WORK IS BEING PERFORMED

Number	Street Name

CONTRACTOR INFORMATION

(ALL CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

Business Name:_____

Address:_____ **City:** _____ **State** _____ **Zip**_____

Phone #:_____ **Cell #:**_____ **Fax #**_____ **Type of Contractor:**_____

Email _____

COMMERCIAL and NEW RESIDENTIAL CONSTRUCTION CONTRACTOR FEE:

$50.00

***** MONTGOMERY TOWNSHIP NAMED AS CERTIFICATE HOLDER *****

INSURANCE COVERAGE SHALL MEET OR EXCEED MONTGOMERY TOWNSHIP ORDINANCE # 15-288 REQUIREMENTS
THE DECLARATION SHEET SHOWING GENERAL LIABILITY AND WORKERS COMPENSATION COVERAGE.
Minimum Liability Coverage $ 500,000.00/OCCURRENCE **Blasting Work Requires Minimum $1,500,000.00**

PENNSYLVANIA HOME IMPROVEMENT CONTRACTOR – FEE: N/C

(ALL HOME IMPROVEMENT CONTRACTORS MUST PROVIDE PROOF OF HIC REGISTRATION AND WORKER'S COMPENSATION INSURANCE WITH STATUTORY BENEFITS AS REQUIRED BY PENNSYLVANIA LAW)

Pennsylvania Home Improvement Contractor Registration #_____

Workers Compensation Carrier:_____

IF COVERED BY SWIFT – PERMIT CAN NOT BE ISSUED UNTIL CERTIFICATE OF WORKERS COMP INSURE IS ISSUED BY STATE

Complete this section ONLY if applicant is a contractor claiming exemption from providing Workers' Compensation Coverage

_____ 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 worker's compensation insurance to Township. ***A STOP WORK ORDER WILL BE ISSUED*** if contractor is not in compliance.

_____
NOTARY

Subscribed and sworn to before me on this _____ day of _____ 20____ **(REQUIRED IF NO WORKER'S COMPENSATION COVERAGE IS PROVIDED)**

County of _____, Municipality of _____

(seal)

I certify that the statement contained and information provided herein are true and correct to the best of my knowledge and belief. ***That my insurance coverage provided meets Ord. # 15-288.*** 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_____

SEE PAGE 2 FOR INSURANCE LIMITS

SIGNATURE

LIMITS REQUIRED - ORD # 15-288

B. An applicant for any registration required by the provisions of this ordinance shall file a written application on a form supplied by the township, which shall be signed and under oath. The application shall require among other items the names of the business, the business street addresses and trade names of the applicant together with a certificate of insurance written for not less than any limit of coverage specified under this ordinance. The commercial contractor shall take out and maintain at his own expense, during the life of the registration, the following insurance or its equivalent:

(1) Commercial general liability insurance for bodily injury, personal injury and property damage including loss of use, with minimum limits of:

$	500,000	each occurrence;
$	500,000	personal and advertising injury;
$	500,000	general aggregate; and
$	500,000	products/completed operations aggregate.

This insurance shall include coverage for all of the following:

(a) Liability arising from premises and operations;
(b) Liability arising from the actions of independent contractors;
(c) Liability arising from products and completed operations;
(d) Contractual liability;
(e) Liability arising from the explosion, collapse, or underground (XCU) hazards; and
(f) Montgomery Township and its elected and appointed officials, officers, agents, and employees as additional insureds on a primary and non-contributory basis with respect to operations performed by the contractor or on contractor's behalf for which Montgomery Township has issued a permit, license or authorization.

(2) Business auto liability insurance with a minimum limit of $500,000 per accident and including coverage for all of the following:

(a) Liability arising out of the ownership, maintenance or use of any auto (if no owned autos, then hired and non-owned autos); and
(b) Automobile contractual liability.

(3) Workers compensation insurance with statutory benefits as required by Pennsylvania law; employers liability insurance with minimum limits of:

$	100,000	each accident for bodily injury by accident;
$	100,000	each employee for bodily injury by disease; and
$	500,000	policy limit for bodily injury by disease.

(4) If the applicant does not meet the insurance requirements herein, the applicant shall forward a written request to the Township for a waiver in writing of the insurance requirement(s) not met or approval in writing of alternate insurance coverage, self-insurance, or group self-insurance arrangements. If the Township denies the request for said waiver, the applicant must comply with the insurance requirements as specified herein.

SEE PAGE 2 FOR INSURANCE LIMITS