

APPLICATION FOR EXCAVATING CONTRACTOR LICENSE

I. APPLICANT INFORMATION

Name of Applicant _____

Address of Applicant _____

Telephone Number _____

If Applicant is an organization, provide the name, title, address and telephone number of the principle officer of the organization and the individuals authorized to act on behalf of such organization. If more space is needed, attach a sheet of the same size to this application.

Name _____

Title _____

Address _____

Telephone Number _____

II. OTHER REQUIREMENTS

- A. **Insurance.** Attach hereto a certificate indicating that you have obtained an insurance policy with a combined single limit of coverage of at least \$600,000.00 that provides coverage against all claims and liabilities arising from any construction activity performed by you under the Excavating Contractor License for which application is made and that names the City of Hermantown as an additional insured under such policy and that meets the other requirements of Part E of Section 4 of Hermantown Ordinance No. 86-02. Also, please read and complete the form entitled "Proof of Workers Compensation Insurance Coverage" which has been provided to you by the City.
- B. **Hold Harmless Agreement.** Attach hereto a Hold Harmless Agreement executed by an authorized representative of the applicant.
- C. **Bond.** Attach hereto a surety bond in the amount of \$5000.00 in favor of the City that meets the requirements of Part E of Section 4 of Hermantown Ordinance No. 86-02.
- D. **Fee.** Submit with this application the \$125.00 fee required by Hermantown Ordinance No. 86-02 for this License.

III. APPLICATION

Applicant hereby applies for an Excavating Contractor License for the City of Hermantown. In connection with this application, Applicant hereby certifies and declares that Applicant has been provided with a copy of Hermantown Ordinance No. 86-02, that Applicant has read and understands the provisions and requirements of such Ordinance and that Applicant agrees to comply with all of the provisions of such Ordinance.

Dated this _____ day of _____, 20_____.

APPLICANT(S):

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage requirement of Section 176-181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the Insurance Coverage requirement for Workers' Compensation.

Insurance Company Name: _____
(NOT the Insurance Agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____
(Or)

I am not required to have Workers' Compensation Liability Coverage because:

- I have no employees covered by law
- Other - (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKER'S COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(Signature) Date: _____