



Registration or Renewal of Contractor's Registration

Per Ordinance 19-19, as of January 1st, 2020, all contractors performing work in the city are required to be registered for licensure with the City of Sharon. This includes all work performed on commercial properties, any work produced through the public bidding process, some residential alterations, and all other types of work not considered "home improvement" by the Commonwealth of Pennsylvania (see Act 132 Home Improvement Consumer Protection Act, adopted on October 17th, 2008). Upon submission of ***all*** of the required items to the City Manager's office, a contractor's license for the City of Sharon shall be issued, which is valid for the entirety or duration of the calendar year. These items must be re-submitted annually after December 15th to become re-certified each new calendar year, which begins January 1st. If you are working in the City of Sharon without the appropriate license, fines up to \$1,000 per day will apply. If you receive a notice from The City of Sharon indicating that you are performing work without the appropriate license, you have thirty (30) calendar days from the date of the letter to submit the required documents and obtain your license. Failure to comply within that time frame shall result in a doubling of the permit fee for that calendar year, as well as the applicable per day fines listed above.

In order to obtain such license, you must provide:

1. The annual **license fee** of one hundred fifty dollars (\$150.00) per **calendar year**.
2. Registration or renewal **application** completed and signed by the contractor or an authorized representative of their company (attached).
3. **License and permit bond** in the amount of \$10,000, with the City of Sharon named as the obligee, and containing both an authorized signature and a provision that the policy will not be canceled without fifteen (15) days' notice to the City of Sharon (sample attached).
4. **Certificate of Liability Insurance** as a verification of coverage (sample attached, with suggested limits).
5. The attached **Worker's Compensation form**. Please complete section A if you carry worker's compensation liability insurance. If you do not carry worker's compensation insurance, complete section B and have this form notarized. Effective August 31st, 1993, PA Act 44 requires all contractors applying for a license or permits to provide proof of worker's compensation insurance or an affidavit stated they are exempt and not required to carry such insurance.



CITY OF SHARON CONTRACTOR LICENSE APPLICATION

Company Name _____

Contact/Responsible Agent _____

Address _____

Phone _____ Email _____

Tax ID# _____

Date of Application _____

Signature _____

Has any municipality refused to issue to you or revoked any similar contractors' license within the past five (5) years? () YES () NO

If YES, attach written explanation of circumstances and reason for denial or revocation.

Have you been convicted within the past five (5) years of any crimes or offenses related to your work or contracts as a contractor? () YES () NO

If YES, attach written explanation of the nature of the conviction and the caption, court, and term number of proceeding.

RECEIPT:

Date Check/Money Order Received _____

Received By: _____



CONTRACTOR LICENSE BOND

KNOW ALL PERSONS BY THESE PRESENTS: THAT WE, _____, as Principal, and _____, as Surety, are held and firmly bound unto the City of Sharon, Mercer County, Pennsylvania, as Obligee, in the penal sum of Ten Thousand (\$10,000) Dollars, for the payment of which well and truly to be made, we do hereby bind ourselves, our heirs, executors, and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license as a contractor in the City of Sharon.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH that if said Principal shall faithfully perform all work in accordance with the City of Sharon Code Enforcement Building, Plumbing, Electrical and Mechanical Codes and Ordinances, and will pay all fines and penalties properly imposed upon them, then this obligation shall be null and void; otherwise to remain in full force and effect. *Upon failure of Principal to perform the work in accordance with provisions of the adopted Building, Plumbing, Electrical and Mechanical Codes, and to pay said fines and penalties, the Principal and their Surety shall become liable to the Obligee in the amount of Ten Thousand (\$10,000) Dollars.*

PROVIDED, that the Surety may terminate its liability hereunder by giving fifteen (15) days written notice of such termination to the City of Sharon.

SIGNED AND SEALED this _____ day of _____, Two Thousand and _____.

(PRINCIPAL)

(RESIDENCE)

(SURETY)

(RESIDENCE)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <div style="font-size: 2em; color: red; font-weight: bold; text-align: center;">SAMPLE</div>	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____ <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr><td>INSURER A: _____</td><td>_____</td></tr> <tr><td>INSURER B: _____</td><td>_____</td></tr> <tr><td>INSURER C: _____</td><td>_____</td></tr> <tr><td>INSURER D: _____</td><td>_____</td></tr> <tr><td>INSURER E: _____</td><td>_____</td></tr> <tr><td>INSURER F: _____</td><td>_____</td></tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: _____	_____	INSURER B: _____	_____	INSURER C: _____	_____	INSURER D: _____	_____	INSURER E: _____	_____	INSURER F: _____	_____
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: _____	_____														
INSURER B: _____	_____														
INSURER C: _____	_____														
INSURER D: _____	_____														
INSURER E: _____	_____														
INSURER F: _____	_____														
INSURED															

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:																																							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">INSR LTR</th> <th style="width: 45%;">TYPE OF INSURANCE</th> <th style="width: 10%;">ADDL SUBR INSD WVD</th> <th style="width: 15%;">POLICY NUMBER</th> <th style="width: 10%;">POLICY EFF (MM/DD/YYYY)</th> <th style="width: 10%;">POLICY EXP (MM/DD/YYYY)</th> <th style="width: 15%;">LIMITS</th> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: top;">A</td> <td> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____ </td> <td></td> <td>PCCM247793</td> <td>12/04/2017</td> <td>12/04/2018</td> <td> EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 </td> </tr> <tr> <td colspan="5"> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS </td> <td> COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$ </td> </tr> <tr> <td colspan="5"> UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____ </td> <td> EACH OCCURRENCE \$ AGGREGATE \$ _____ \$ </td> </tr> <tr> <td colspan="5"> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		PCCM247793	12/04/2017	12/04/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____					EACH OCCURRENCE \$ AGGREGATE \$ _____ \$	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$									
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																																			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		PCCM247793	12/04/2017	12/04/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000																																			
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$																																			
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____					EACH OCCURRENCE \$ AGGREGATE \$ _____ \$																																			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$																																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Verification of Coverage

Subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER	CANCELLATION
Verification of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

CITY OF SHARON CONTRACTOR LICENSE
WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Applicants carrying workers' compensation insurance should complete Section A.

Applicants claiming exemption from workers' compensation insurance should complete and have notarized Section B.

A) Worker's Compensation Insurance Information:

Name of Applicant/firm: _____

Federal or State Employer Identification #: _____

Name of Worker's Compensation Insurer: _____

Worker's Compensation Insurance Policy #: _____

Policy Expiration Date: _____ **Please attach Certificate of Insurance**

Authorized Signature: _____

B) Complete below if the applicant is a contractor claiming exemption from providing worker's compensation insurance:

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provision of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with NO employees.

Religious exemption under the Workers' Compensation Law

Name of firm

Signature of Notary Public

Applicant Signature

My Commission Expires: _____

Date: _____

Subscribed and Sworn Before Me:
(Notary Seal)