



**CITY OF SHARON  
APPLICATION/REQUIRED FEE  
CONTRACTOR'S REGISTRATION**

Contact/Responsible Agent \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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: \_\_\_\_\_



# BOND

KNOW ALL MEN BY THESE PRESENTS, THAT WE

\_\_\_\_\_

As Principal, and \_\_\_\_\_, as surety are held and firmly bound unto the City of Sharon, Mercer County, Pennsylvania, in the sum of Ten Thousand Dollars, the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, and administrators.

**WITNESS** our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_

Nineteen Hundred and \_\_\_\_\_.

The conditions of this obligation are such that whereas \_\_\_\_\_

Has submitted this bond to and has been accepted by the code enforcement Officer of the City of Sharon, Mercer County, Pennsylvania, and they are bonded to perform the following: (indicate the type of work that is bond by marking an "X" before the type of occupation)

\_\_\_\_\_ **BUILDING** \_\_\_\_\_ **PLUMBING** \_\_\_\_\_ **ELECTRIC** \_\_\_\_\_ **HEATING**

Now, If said, \_\_\_\_\_ shall we and faithfully perform all work in accordance to the City of Sharon Code Enforcement Building, Plumbing, Electrical and Mechanical codes and Ordinances, and that he will pay all fines and penalties properly imposed upon them, and 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 City of Sharon, Mercer County, Pennsylvania in the amount of ten Thousand (\$10,000) Dollars.

\_\_\_\_\_(Seal)  
(PRINCIPAL)

\_\_\_\_\_  
(RESIDENCE)

\_\_\_\_\_(Seal)

\_\_\_\_\_  
(SURETY)

\_\_\_\_\_  
(RESIDENCE)

**WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION**

A) The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law: ( ) YES ( ) NO

**IF THE ANSWER IS YES, COMPLETE SECTION B OR C BELOW AS IS APPROPRIATE**

**B) IF YOU CARRY WORKER'S COMPENSATION INSURANCE, COMPLETE BELOW IN FULL:**

**Worker's Compensation Insurance Information:**

Name of applicant/firm \_\_\_\_\_

Federal or State Employer Identification # \_\_\_\_\_

Applicant is a qualified self-insurer for worker's compensation:

( ) Certificate of Insurance attached ( ) Certificate of Insurance still currently on file ( ) Certificate of Insurance to be provided

Name of Worker's Compensation Insurer \_\_\_\_\_

Worker's Compensation Insurance Policy # \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

**I UNDERSTAND THAT IT IS MY DUTY TO INFORM MY INSURER THAT MUST BE NOTIFIED IF MY WORKERS' COMPENSATION INSURANCE IS CANCELLED.**

Name of Business \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**C) 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 Workers' Compensation Insurance under the provision of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

- ( ) Contractor with **NO** employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to Middletown Township.
- ( ) Religious exemption under the Workers' Compensation Law.

NAME OF FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
**(SIGNATURE OF NOTARY PUBLIC)**

MY COMMISSION EXPIRES \_\_\_\_\_

**(NOTARY SEAL)**

SUBSCRIBED & SWORN BEFORE ME:

INSURANCE COMPANY

CONTINUATION CERTIFICATE

Bond Number:  
Bond Amount: \$10,000.00  
Bond Origination Date:

Principal:

Obligee:  
City of Sharon

155 W CONNELLY BLVD  
SHARON, PA 16146-1717

It is expressly understood and agreed that the subject bond and all renewal or continuation certificates attached thereto (including this one) are not cumulative, and that the total liability of THE INSURANCE COMPANY under the attached bond and all such renewal or continuation certificates shall not exceed the penalty named in the subject bond.

This bond is extended to

Signed and sealed this        day of

Agency:

# 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 OF 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).

SAMPLE	CONTACT NAME: _____ PHONE (A/C, No. Ext): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____
	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: _____ NAIC # _____
	INSURER B: _____
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____
	INSURER F: _____

**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.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	INSR	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					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 \$
	GENL AGGREGATE LIMIT APPLIED PCR: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____								
	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								EACH OCCURRENCE      \$ AGGREGATE      \$ \$
	WED <input type="checkbox"/> RETENTION \$								
	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    OTH-ER 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  Verification of Coverage	CANCELLATION  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
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