



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 licensure, 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 licensure, 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. **Performance 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 cancelled without fifteen (15) days' notice to the City of Sharon (sample attached).
4. **Certificate of Liability** as a verification of coverage (sample attached, with suggested limits).
5. The attached **Worker's Compensation form**. Please complete section B if you carry worker's compensation liability insurance. If you do not carry worker's compensation insurance, complete section C 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
APPLICATION/REQUIRED FEE
CONTRACTOR'S REGISTRATION

Contact/Responsible Agent _____

Company Name _____

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: _____



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 _____

Two Thousand 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)

(SURETY)

_____(Seal)

(RESIDENCE)

DATE (MM/DD/YYYY)

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="border: 1px solid black; padding: 10px; text-align: center; font-size: 2em; color: red; font-weight: bold;">SAMPLE</div>	CONTACT NAME:		
		PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A :		
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

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 LYR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PCCM247793	12/04/2017	12/04/2018	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
									MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC					GENERAL AGGREGATE	\$1,000,000
		OTHER:							PRODUCTS - COMP/OP AGG	\$1,000,000
										\$
		AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> SCHEDULED					BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> AUTOS					BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB		<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
		<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/> Y / N	N / A			E.L. EACH ACCIDENT	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below							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)

Subject to all policy terms, exclusions and conditions

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

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 the City of Sharon.
- () 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: