

Contractor's Registration Application

City of Seabrook, Texas

Please note: In order to do work in the City of Seabrook, please see requirements listed on attached sheet.

Today's Date: _____

Name, d.b.a., Corporation: _____

Business Address: Street: _____

City: _____ Zip _____

Phone/fax/cell number(s): _____

E-mail Address: _____

Proprietor/Owner: _____

Or

Officers of Corporation: _____

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Names of persons authorized to obtain permits in the name of the company:

The information submitted for this Contractor's Registration is true and accurate to the best of my knowledge. I understand that permits are required to be issued prior to commencement of any and all construction work and that periodic inspections must be requested from the Building Department, particularly prior to performing any work that will cover or obscure previous work, and that permission to cover work will always be given in writing.

Signature: _____ Title: _____ D.L. # _____

Print Name: _____ Birth Date: _____

For Staff Use Only:

Application Completed. Drivers license. Insurance certificate submitted.

Copy of Master's License Fee paid; amount: \$ _____

**REGISTRATION MUST BE DONE IN PERSON AT SEABROOK
CITY HALL**

The **OWNER** or the **MASTER** or other required state license holder for the company must come to Seabrook City Hall in person to complete the registration process, pull the first permit for the company, and supply the Building Department with a list (either on the Contractor's Application or on Company Letterhead) of those authorized to pull permits in their name/under their license after the registration and the first permit has been processed.

To register to do work in the City of Seabrook:

- 1) Completed Contractor's Registration Application
- 2) Proof of Insurance stating City of Seabrook as a Certificate Holder (**MUST COME DIRECTLY FROM THE INSURANCE CARRIER**)
(See sample) -\$100,000 minimum/\$300,000 aggregate
- 3) Copy of State Contractor's License (when applicable)
- 4) Copy of State Master's License or other required state license
(When applicable)
- 5) Driver's License of Owner or Master/other state license holder
(When applicable) (**FAXED COPIES NOT ACCEPTED**)
- 6) \$75.00 registration fee for contractor (company)
\$75.00 registration fee for Master/other state license holder (when applicable)

Forms of payment accepted are: Cash, Check, or Credit Card (MasterCard or Visa only).

Each of these must be received, approved, and entered into our system before any work may be permitted or commenced in the City of Seabrook.

dLlivan Insurance Agency, Inc.
 P.O. Box 9
 Garland TX 77588-0009
 Phone: 281-485-2781 Fax: 281-485-0943

ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: Ohio Casualty Ins. Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

SAMPLE

NAME AND ADDRESS OF POLICY HOLDER

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BH052251317	04/16/01	04/16/02	EACH OCCURRENCE	\$100,000
				FIRE DAMAGE (Any one fire)	\$100,000
				MED EXP (Any one person)	\$5,000
				PERSONAL & ADV INJURY	\$500,000
				GENERAL AGGREGATE	\$300,000
				PRODUCTS - COMP/OP AGG	\$500,000
GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED 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)	\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN EA ACC	\$
				AUTO ONLY: AGG	\$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
				AGGREGATE	\$
					\$
					\$
					\$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
				E.L. EACH ACCIDENT	\$
				E.L. DISEASE - EA EMPLOYEE	\$
				E.L. DISEASE - POLICY LIMIT	\$
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Logging Contractor-State of Texas

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

CITYS-3

City of Seabrook
 Attn: Permit Dept.
 Fax #281-291-5690
 1700 First Street
 Seabrook TX 77586

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.