BOROUGH OF NESCOPECK
501 RABER AVENUE
NESCOPECK, PA 18635
PH: (570) 752-6008
FAX: (570) 752-6038

Fee Paid:$_____
Date:_____
Insurance:_____
Card No.:_____
From:_____ to _____

APPLICATION FOR CONTRACTOR'S INSURANCE VERIFICATION CARD

Date:_____

Business Name:_____

Owner's Name:_____

Business Address:_____

Owner's Address:_____

Business Phone:_____

Owner's Phone:_____

Years in Business:_____ Number of Workers Employed:_____

FIRST TIME APPLICANTS:
References: You must provide four (4). *(jobs you have performed within a 25-mile radius of Nescopeck, licensed contractors you have worked for, previous employers)*

	NAME	COMPLETE ADDRESS	PHONE NUMBER
1.			
2.			
3.			
4.			

I understand that it is my responsibility to abide by all ordinances of the Borough of Nescopeck. I have attached a copy of my current certificate of insurance listing the Borough of Nescopeck as certificate holder and certify that my liability insurance and workman's compensation insurance will be maintained at times I am working in the Borough of Nescopeck or my insurance verification shall be revoked and the project shut down. I have submitted the card fee.

_____ _____ _____
Authorized Signature Title Date