



Pine City
North. Nice and close.

**Annual Installers License
Registration Form**

| Registrant Information | | |
|---|---|-----------------|
| Registrant's Name: | | Date: |
| Registrant's Address: | | |
| Business Phone #: | | Business Email: |
| Sewer & Water Contractors (only) Minnesota Department of Health State Bond #: | | |
| Gopher One-Call Registration Certificate #: | | |
| Local Representative Information | | |
| Name: | | |
| Emergency 24hr Phone #: | | |
| Email Address: | | |
| Certificate of Insurance (COI) or Self-Insurance Information | | |
| Please attach your COI or Proof of Self-Insurance documentation and it must include the following limits: | | |
| COMMERCIAL GENERAL LIABILITY | EACH OCCURRENCE | \$1,000,000 |
| | DAMAGE TO RENTED PREMISES (ea occurrence) | \$100,000 |
| | MED EXP (Any one person) | \$1,000 |
| | PERSONAL & ADV INJURY | \$1,000,000 |
| | GENERAL AGGREGATE | \$2,000,000 |
| | PRODUCTS – COMP/OP AGG | \$2,000,000 |
| WORKERS COMPENSATION & EMPLOYERS' LIABILITY | <input checked="" type="checkbox"/> PER STATUTE | |
| | E.L. EACH ACCIDENT | \$100,000 |
| | E.L. DISEASE – EA EMPLOYEE | \$100,000 |
| | E.L. DISEASE – POLICY LIMIT | \$500,000 |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required): CITY OF PINE CITY IS LISTED AS AN ADDITIONAL INSURED. | | |
| Franchise Agreement: (if applicable) | Yes | No |
| Certificate of Authority from MN Public Utilities Commission: (Telecommunications Providers Only) | Yes | No |
| Authorized Representative | Date: | |
| Signature: | Print Name: | |
| City of Pine City Authorized Representative | Date: | |
| Signature: | Print Name: | |
| For Office Use Only: | | |
| Annual Right-of-Way User Registration Fee | \$20.00 | |
| Received By: | Payment Type: | |
| | Date: | |