

## **City of Windom - Contractor and Subcontractor Application**

**This form must be filled out and returned to city hall prior to work starting date.**

Send this from and a copy of your certificate of liability insurance to the following:

**E-mailed:** [cityofwinodmkansas@gmail.com](mailto:cityofwinodmkansas@gmail.com)

**Faxed:** 620-489-6221

**Mailed:** P.O. Box 38, Windom, KS 67491

**REQUIRED:**

Cert. of Liability Insurance: \_\_\_\_\_

Approved by Mayor: \_\_\_\_\_

Received: \_\_\_\_\_

Filed: \_\_\_\_\_

\_\_\_\_\_ New Application

\_\_\_\_\_ Re-submittal (\*See Below)

**The Contractor will be required to give us an updated Certificate of Liability Insurance annually as long as they are actively working within Windom City Limits. If any information changes or they do not work actively in the City one year from the application date they will be required to fill out a new application.**

<b>Company Name:</b>		<b>FEIN:</b>	
<b>Other Names the Company is known as:</b>		<b>Years in business:</b>	
<b>Physical Address:</b>			
<b>P.O. Box :</b>			
<b>Telephone Number:</b>		<b>Fax Number:</b>	
<b>E-mail Address</b> (we prefer a general e-mail address rather than one for an individual):			

**\*It is the responsibility of the contractor to re-submit this form if any of the above information changes.**

1. **Type of work** (select **ONE** as primary type of work by placing an X in the blank next to the appropriate type of work. If you select more than one type.)

_____ Civil/Sitework	_____ Fire Protection	_____ Painting
_____ Concrete	_____ Flooring	_____ Paving
_____ Demolition	_____ General	_____ Plumbing
_____ Electrical	_____ Landscaping	_____ Roofing
_____ Elevator	_____ Masonry / Restoration	_____ Security
_____ Environmental	_____ Mechanical / Electrical	_____ Telecommunications
_____ Excavation	_____ Mechanical	_____ OTHER

**List of your Insurance Company**  
**Provide this information on this form.**

<b>Insurance Company</b>	
Agent Name	
Agent Address	
Agent Phone Number	

List of current Projects within the City Limits of Windom:  
Provide this information on this form.

Client Name	Project Title/Scope	Cost (Nearest \$10,000)	Percent Complete

List of person(s) in charge of the project or job.  
Provide this information on this form.

Name of Person in Charge	Phone Number	Insured	Role in the Company

List of Subcontractors working on your behalf:  
a copy of your certificate of liability insurance must be provided to the City Hall.

Name of Person in Charge	Phone Number	Insured	Role in the Company

\_\_\_\_\_  
Type Name of an Authorized Officer of the Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Windom - Mayor

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Windom – City Clerk

\_\_\_\_\_  
Date