

### Registration or Renewal of Contractor's Registration

Per Ordinance 19-19, as of January 1<sup>st</sup>, 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 17<sup>th</sup>, 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 15<sup>th</sup> to become re-certified each new calendar year, which begins January 1<sup>st</sup>. If you are working in the City of Sharon without the appropriate license, 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 license, 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. **License and permit 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 canceled without fifteen (15) days' notice to the City of Sharon (sample attached).
- 4. **Certificate of Liability Insurance** as a verification of coverage (sample attached, with suggested limits).
- 5. The attached **Worker's Compensation form**. Please complete section A if you carry worker's compensation liability insurance. If you do not carry worker's compensation insurance, complete section B and have this form notarized. Effective August 31<sup>st</sup>, 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 CONTRACTOR LICENSE APPLICATION

Company Name		
Contact/Responsible Agent		
Address		
	Email	
Tax ID#		
Date of Application		
Signature		_
five (5) years? ( ) YES ( ) NO	to issue to you or revoked any similar contractors' li ) ion of circumstances and reason for denial or revoc	·
Have you been convicted with contracts as a contractor? ( )	in the past five (5) years of any crimes or offenses r YES ( ) NO	elated to your work or
If YES, attach written explanat of proceeding.	ion of the nature of the conviction and the caption,	, court, and term numbe
RECEIPT:		
Date Check/Money Order Rece	ived	
Pacaivad By:		



## **BOND**

## KNOW ALL MEN BY THESE PRESENTS, THAT WE

			_, as surety are held and firmly
bound unto the City of Sha			
payment of which, well an administrators.	d truly to be made, we joii	ntly and severally bind o	ourselves, our heirs, executors,
WITNESS our hands a	nd seal this	day of	
Two Thousand and	·		
The conditions of this	obligation are such that v	vhereas	
	nia, and they are bonded t	to perform the followin	nt Officer of the City of Sharon, g: (indicate the type of work th
BUILDING	PLUMBING	ELECTRIC	HEATING
Now, If said,			shall we and faithfully
			lding, Plumbing, Electrical and
Mechanical codes and Ord	inances, and that he will p	oay all fines and penaltion	es properly imposed upon them
and upon failure of Princip	al to perform the work in	accordance with provis	ions of the adopted Building,
<u>.</u>	•	•	ies, the Principal and their sure
shall become liable to the (\$10,000) Dollars.	City of Sharon, Mercer Cou	unty, Pennsylvania in th	ne amount of ten Thousand
			(Seal)
		(PRINCIPAL)	
	_	(RESIDENCE)	<del></del>
			(Seal)
(SURETY)			· ,
		(RESIDENCE)	

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OF NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OF PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INCLINE

PRODUCER			CONTACT NAME:			
			DHOME		FAX (A/C, No):	
CAMBIE			(A/C, No. Ext): E-MAIL ADDRESS:		(A/C, No):	
SAMPLE				UIDEDIO AFEA	MARKE SCALLES LAND	
				SURER(S) AFFOR	DING COVERAGE	NAIC #
NSURED			INSURER A :			
			INSURER B:			
1			INSURER C:			
			INSURER D:			
			INSURER E .			
OVERAGES CER	THEICATE	NUMBER:	INSURER F:			
THIS IS TO CERTIFY THAT THE POLICIES	OF INSUR	PANCE LISTED BELOW HA	VE BEEN ISSUED TO	THE INCHIO	REVISION NUMBER:	
CERTIFICATE MAY BE ISSUED OR MAY	PERTAIN 3	THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT	
THE STATE OF THE STATE OF SOCIETY	FOLIGILS.	LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS	D HEHEIN IS SUBJECT TO I	ALL THE TERM
TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS	
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CLAIMS-MADE OCCUR			.2,0 1,2011		Date of the contract of the co	50,000
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GEN'L AGGREGATE LIMIT APPLIES PER:						1,000,000 1,000,000
X POLICY PRO-			1			
OTHER:			1			1,000,000
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT &	
ANY AUTO			f		(Ea accident)	
ALL OWNED SCHEDULED			4		BODILY INJURY (Per person) \$	
NON-OWNED	1 1		1		BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
AUTOS AUTOS					(Per accident) P	
UMBRELLA LIAB OCCUP					\$	
EXCECCION					EACH OCCURRENCE \$	
CLAIMS-MADE	- 1 1				AGGREGATE \$	
WORKERS COMPENSATION					\$	
AND EMPLOYERS' LIABILITY Y/N					PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
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	1 1		1			
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL prification of Coverage	ES (ACORD	101, Additional Remarks Schedu	ule, may be attached if mo	re space is requi	red)	
rillication of Coverage						
Subject to all policy terms,						
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(14) (3)						-
			CANCELLATION			
ERTIFICATE HOLDER			VAUACELERIUN			
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	ıge		SHOULD ANY OF	N DATE THE	REOF. NOTICE WILL BE	CELLED BEFOR DELIVERED
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	ıge		SHOULD ANY OF THE EXPIRATION	N DATE THE	REOF. NOTICE WILL BE	CELLED BEFOR

## CITY OF SHARON CONTRACTOR LICENSE WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Applicants carrying workers' compensation insurance should complete Section A.

Applicants claiming exemption from workers' compensation insurance should complete and have notarized Section B.

A)	Worker's Compensation Insurance Informat	ion:				
	Name of Applicant/firm:					
	Federal or State Employer Identification #:					
	Name of Worker's Compensation Insurer:					
	Worker's Compensation Insurance Policy #:					
	Policy Expiration Date:	Please attach Certificate of Insurance				
	Authorized Signature:					
B)	) Complete below if the applicant is a contractor claiming exemption from providing wo compensation insurance:					
	The undersigned swears or affirms that he/sl Compensation Insurance under the provision for one of the following reasons, as indicated	n of the Pennsylvania Workers' Compensation Law				
	Contractor with NO employees.					
	Religious exemption under the Work	ers' Compensation Law				
	Name of firm	Signature of Notary Public				
		My Commission Expires:				
	Applicant Signature	Culturally and any of Course D. Cours D. C.				
	Date:	Subscribed and Sworn Before Me: (Notary Seal)				