



## **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 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 licensure, 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 licensure, 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 B if you carry worker's compensation liability insurance. If you do not carry worker's compensation insurance, complete section C 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**  
**APPLICATION/REQUIRED FEE**  
**CONTRACTOR'S REGISTRATION**

Contact/Responsible Agent \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tax ID# \_\_\_\_\_

Date of Application \_\_\_\_\_

Signature \_\_\_\_\_

**Has any municipality refused to issue to you or revoked any similar contractors' license within the past five (5) years? ( ) YES ( ) NO**

**If YES, attach written explanation of circumstances and reason for denial or revocation.**

**Have you been convicted within the past five (5) years of any crimes or offenses related to your work or contracts as a contractor? ( ) YES ( ) NO**

**If YES, attach written explanation of the nature of the conviction and the caption, court, and term number of proceeding.**

RECEIPT:

Date Check/Money Order Received \_\_\_\_\_

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



# BOND

KNOW ALL MEN BY THESE PRESENTS, THAT WE

\_\_\_\_\_

As Principal, and \_\_\_\_\_, as surety are held and firmly bound unto the City of Sharon, Mercer County, Pennsylvania, in the sum of Ten Thousand Dollars, the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, and administrators.

**WITNESS** our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_

Two Thousand and \_\_\_\_\_.

The conditions of this obligation are such that whereas \_\_\_\_\_

Has submitted this bond to and has been accepted by the code enforcement Officer of the City of Sharon, Mercer County, Pennsylvania, and they are bonded to perform the following: (indicate the type of work that is bond by marking an "X" before the type of occupation)

\_\_\_\_\_ **BUILDING** \_\_\_\_\_ **PLUMBING** \_\_\_\_\_ **ELECTRIC** \_\_\_\_\_ **HEATING**

Now, If said, \_\_\_\_\_ shall we and faithfully perform all work in accordance to the City of Sharon Code Enforcement Building, Plumbing, Electrical and Mechanical codes and Ordinances, and that he will pay all fines and penalties properly imposed upon them, and upon failure of Principal to perform the work in accordance with provisions of the adopted Building, Plumbing, Electrical and Mechanical Codes, and to pay said fines and penalties, the Principal and their surety shall become liable to the City of Sharon, Mercer County, Pennsylvania in the amount of ten Thousand (\$10,000) Dollars.

\_\_\_\_\_(Seal)  
(PRINCIPAL)

\_\_\_\_\_  
(RESIDENCE)

\_\_\_\_\_  
(SURETY)

\_\_\_\_\_(Seal)  
\_\_\_\_\_  
(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 OR 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 OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|               |                               |                      |
|---------------|-------------------------------|----------------------|
| <b>SAMPLE</b> | CONTACT NAME: _____           |                      |
|               | PHONE (A/C, No., Ext): _____  | FAX (A/C, No): _____ |
|               | E-MAIL ADDRESS: _____         |                      |
|               | INSURER(S) AFFORDING COVERAGE | NAIC #               |
| INSURED       | INSURER A: _____              | _____                |
|               | INSURER B: _____              | _____                |
|               | INSURER C: _____              | _____                |
|               | INSURER D: _____              | _____                |
|               | INSURER E: _____              | _____                |
|               | INSURER F: _____              | _____                |

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR  | TYPE OF INSURANCE   | ADDL | SUBR | INSD | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |             |
|---|---|------|------|------|-----|---------------|-------------------------|-------------------------|--|-------------|
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |      |      |      |     | PCCM247793    | 12/04/2017              | 12/04/2018              | EACH OCCURRENCE  | \$1,000,000 |
|   | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  |      |      |      |     |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                            | \$50,000    |
|   |   |      |      |      |     |               |                         |                         | MED EXP (Any one person)   | \$5,000     |
|   |   |      |      |      |     |               |                         |                         | PERSONAL & ADV INJURY  | \$1,000,000 |
|   |   |      |      |      |     |               |                         |                         | GENERAL AGGREGATE  | \$1,000,000 |
|   |   |      |      |      |     |               |                         |                         | PRODUCTS - COMP/OP AGG   | \$1,000,000 |
|   |   |      |      |      |     |               |                         |                         |  |             |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |   |      |      |      |     |               |                         |                         |  |             |
| <b>AUTOMOBILE LIABILITY</b>   |   |      |      |      |     |               |                         |                         |  |             |
|   | <input type="checkbox"/> ANY AUTO   |      |      |      |     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                  | \$          |
|   | <input type="checkbox"/> ALL OWNED AUTOS  |      |      |      |     |               |                         |                         | BODILY INJURY (Per person)   | \$          |
|   | <input type="checkbox"/> HIRED AUTOS  |      |      |      |     |               |                         |                         | BODILY INJURY (Per accident)   | \$          |
|   |   |      |      |      |     |               |                         |                         | PROPERTY DAMAGE (Per accident)                                       | \$          |
|   |   |      |      |      |     |               |                         |                         |  | \$          |
| <b>UMBRELLA LIAB</b>  |   |      |      |      |     |               |                         |                         |  |             |
|   | <input type="checkbox"/> EXCESS LIAB  |      |      |      |     |               |                         |                         | EACH OCCURRENCE  | \$          |
|   |   |      |      |      |     |               |                         |                         | AGGREGATE  | \$          |
|   |   |      |      |      |     |               |                         |                         |  | \$          |
| DED    RETENTION \$   |   |      |      |      |     |               |                         |                         |  |             |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |   |      |      |      |     |               |                         |                         |  |             |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |      |      |      |     |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |             |
|   |   |      |      |      |     |               |                         |                         | E.L. EACH ACCIDENT   | \$          |
|   |   |      |      |      |     |               |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$          |
|   |   |      |      |      |     |               |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$          |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Verification of Coverage**  
 \*Subject to all policy terms, exclusions and conditions\*

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>Verification of Coverage | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE |
|---|--|

**WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION**

A) The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law: ( ) YES ( ) NO

**IF THE ANSWER IS YES, COMPLETE SECTION B OR C BELOW AS IS APPROPRIATE**

**B) IF YOU CARRY WORKER'S COMPENSATION INSURANCE, COMPLETE BELOW IN FULL:**

**Worker's Compensation Insurance Information:**

Name of applicant/firm \_\_\_\_\_

Federal or State Employer Identification # \_\_\_\_\_

Applicant is a qualified self-insurer for worker's compensation:

( ) Certificate of Insurance attached ( ) Certificate of Insurance still currently on file ( ) Certificate of Insurance to be provided

Name of Worker's Compensation Insurer \_\_\_\_\_

Worker's Compensation Insurance Policy # \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

**I UNDERSTAND THAT IT IS MY DUTY TO INFORM MY INSURER THAT MUST BE NOTIFIED IF MY WORKERS' COMPENSATION INSURANCE IS CANCELLED.**

Name of Business \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**C) COMPLETE BELOW IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE:**

The undersigned swears or affirms that he/she is **not** required to provide Workers' Compensation Insurance under the provision of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

- ( ) Contractor with **NO** employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the City of Sharon.
- ( ) Religious exemption under the Workers' Compensation Law.

NAME OF FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
**(SIGNATURE OF NOTARY PUBLIC)**

MY COMMISSION EXPIRES \_\_\_\_\_

**(NOTARY SEAL)**

SUBSCRIBED & SWORN BEFORE ME: