



"The Capital City of the Palm Beaches"

CONSTRUCTION SERVICES DEPARTMENT
P O BOX 3366
West Palm Beach FL 33402
Telephone: 561/805-6700
FAX: 561/805-6676

CONTRACTOR MAINTENANCE
REQUIREMENTS

Florida Statutes Chapter 166

*****ALL DOCUMENTS MUST BE SUBMITTED TOGETHER*****
*****NO PARTIAL DOCUMENTATION WILL BE ACCEPTED!*****

1. Copy of State of Florida Contractor Certification

OR

Copy of Palm Beach County Contractor Certificate of Competency **AND** copy of State Registration

2. Certificate of Liability Insurance

Certificate of Workers Comp Insurance or Copy of Workers Comp Waiver for qualifier of company

Liability and Workers Comp Insurance is to be made out to the **CITY OF WEST PALM BEACH** using the address above.

******IMPORTANT INFORMATION******

ALL COMPANIES THAT LEASE EMPLOYEES (PAYROLL) MUST HAVE THE NAME OF THE COMPANY AND EXAMPLE BELOW ON THE INSURANCE FORM IF THE QUALIFIER IS COVERED UNDER THIS POLICY.

**EXAMPLE: (John Doe is covered under this worker's comp policy)
IF QUALIFIER IS NOT COVERED UNDER POLICY THEN YOU MUST SHOW EXEMPTION OR OTHER WORKER'S COMP COVERAGE FOR QUALIFIER.**

3. Copy of Occupational License from County or Municipality where your headquarters is located.
4. Documentation must include your phone (fax and e-mail if applicable).

PLEASE NOTE: A New ORIGINAL AUTHORIZATION form is required EACH year on SEPTEMBER 30TH. The qualifier and authorized agent's signatures must be notarized under the SAME Notary Seal. Permit Applications signed by an authorized agent must always be notarized.

INFORMATION MUST BE UPDATED WHEN EXPIRED

Rev. 3/31/07

"An Equal Opportunity Employer"