


VILLAGE OF SPRINGVILLE

INSURED CONTRACTOR FORM

Please print

Business Name: _____

Identification Number: _____

Street Address: _____

City, State, Zip: _____

Mail Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

E-mail: _____

Principal Owners or Officers

1. _____

2. _____

3. _____

Please include certificate of insurance for disability & worker compensation or exemption certificate for workers compensation.

****New certificates of insurance must be sent annually at the time of renewal to keep license current.***

Signature: _____ **Date:** _____

RETURN TO VILLAGE OF SPRINGVILLE, PO BOX 17, SPRINGVILLE, NY 14141

