

APPLICATION FOR CONTRACTOR REGISTRATION

ROUTT COUNTY REGIONAL BUILDING DEPARTMENT
P.O. BOX 773840
STEAMBOAT SPRINGS, CO 80477
970-870-5566 - FAX 970-870-5489

WHO MUST REGISTER: Every person, partnership, corporation or business organization doing contracting related to the codes adopted by the authority having jurisdiction, and obtaining permits from the Routt County Regional Building Department and the Routt County Road & Bridge Department.

FAILURE TO REGISTER: Will result in permit refusal.

COMPANY NAME
THE ROOFING COMPANY

MAILING ADDRESS
STREET CITY STATE ZIP
PO BOX 29 GRABY CO 80446

TYPE OF BUSINESS (CIRCLE ONE)
GENERAL ELECTRIC PLUMBING/MECHANICAL OTHER ROOFING CONTRACTOR

CONTACT NAME NICK MENTZER OR TARA HENDRICKS	PHONE #: (970) 887-0104 CELL #: (970) 509-9585 FAX #: (970) 887-0106 E-MAIL: nmentzer@theroofingco.com thendricks@theroofingco.com
---	--

To the Routt County Regional Building Department:

At this time I have 70 employees and, in the event I have indicated one or more employees, agree to provide evidence of active workmen's compensation insurance for records at the Routt County Regional Building Department (RCRBD).

If I have claimed no employees above, I agree to furnish evidence of workmen's compensation insurance to the RCRBD when employees are acquired.

[Signature] 9-23-16
Signature of Owner Date

THE ROOFING COMPANY
Name of Company

Please forward evidence of liability and workmen's compensation insurance to the address listed above.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2015

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).

PRODUCER Moody Insurance Agency, Inc. 8055 East Tufts Avenue Suite 1000 Denver CO 80237	CONTACT NAME: Kara Smith, CISR, CRIS PHONE (A/C, No. Ext): (303) 824-6600 FAX (A/C, No): (303) 370-0118 E-MAIL ADDRESS: ksmith@moodyins.com
INSURED Grand County Roofing & Sheet Metal, Inc., The Roofing Co. P O Box 29 Granby CO 80446	INSURER(S) AFFORDING COVERAGE INSURER A: Knight Specialty 15366 INSURER B: Westfield Insurance Company 24112 INSURER C: Steadfast Insurance Co. 26387 INSURER D: Pinnacol Assurance 41190 INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 15-16 w/Forms

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			KSVENA150023505 Additional Insured Status applies only to the extent provided in form CG2026 07/04 & CG2037 07/04	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			TRA0724828	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>			AUC9327104	10/1/2015	10/1/2016
DED <input checked="" type="checkbox"/> RETENTION \$ 0								
D			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	1987510	10/1/2015	10/1/2016

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

For Information Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

K Smith, CRM, CRIS/KA