



**City Of Chicago
General Contractor License
Renewal Notice**

Company Name & Address

EXPIRATION DATE:

LICENSE NUMBER:

RENEWAL FEE:

To renew your license, please follow the instructions listed below. Please submit your renewal at least one month before the expiration date.

1. Fee. Make checks payable to the **Chicago Department of Revenue**.
2. Certificate of Insurance. Each insurance policy required under this section shall name the CITY OF CHICAGO as an additional insured on a primary, non-contributory basis.
3. Signed certification from Insurance Company or Insurance Broker that it is currently rated B + or better by A.M. Best Company.
4. Sign and return this form. Your signature will serve as verification that the information in your original license application has not changed. You are required to provide any changes in information within 14 days. An authorized officer, owner, member or partner must sign this form.
5. Provide a company contact e-mail address: _____
(Required)
6. Sign and return the General Contractor's License Affidavit.

7. Provide photo identification

For an individual, the applicant's driver's license or other state-issued ID bearing the applicant's photograph, as well as a driver's licenses or other state-issued ID's bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit (if different from the applicant, himself.)

For a general partnership, the driver's license or other state-issued ID bearing the photograph of the partner primarily responsible for day to day management decisions for the partnership, and the driver's license or other state-issued ID bearing the photograph of anyone who signed the application and/or anyone who signed the supporting affidavit (if different from the other two individuals.)

For a limited partnership, the driver's licenses or other state-issued ID's bearing the photograph of the managing partners, and the driver's licenses or other state-issued ID's bearing the photograph of anyone who signed the application and/or anyone who signed the supporting affidavit (if different from the other two individuals.)

For a limited liability corporation, the driver's license or other state-issued ID bearing the photograph ID of the managing member and the driver's licenses or other state-issued ID's bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit (if different from the other individuals.)



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For a corporation, the driver's license or other state-issued ID bearing the photograph of the corporation's president or that of the local manager or the local director and the driver's license or other state-issued ID bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit.

SUBMIT THIS FORM, THE FEE, THE CERTIFICATE OF INSURANCE, AND THE A.M. BEST STATEMENT TO:

**CITY OF CHICAGO
GENERAL CONTRACTOR LICENSE
PO BOX 388249
CHICAGO, IL 60638-8249**

I, _____, as applicant (or otherwise as agent of the applicant) certify that the statements in this application are true. I understand that any false or inaccurate information contained in this license application may result in revocation of the license in addition to any other penalties provided by law. False statements made within this application also may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Signature

Date

Name and Title

Subject: CERTIFICATE OF LIABILITY REQUIREMENTS

- **The following are all the certificate requirements: 1. You are required to list the City of Chicago as additional insured on a primary, non-contributory basis. THIS WORDING MUST BE ON THE CERTIFICATE. 2. The certificate of insurance must show a 30-day cancellation notice. 3. The full application company name must be listed as insured. 4. All active policy numbers and current effective dates must be listed on the certificate of insurance. 5. The insurer must have a credit rating of B+ or better by AM Best company. 6. Your Insurance coverage must meet the City's insurance requirements according to your license class:**

Class A You must be insured for at least \$5 million in commercial general liability per each occurrence.

Class B You must be insured for at least \$3 million in commercial general liability per occurrence.

Class C You must be insured for at least \$1 million in commercial general liability per occurrence with \$2 million in your general aggregate.

Class D You must be insured for at least \$1 million in commercial general liability per occurrence with \$2 million in your general aggregate.

Class E You must be insured for at least \$1 million in commercial general liability per occurrence.

7. The certificate holder address must read as follows:

**City of Chicago
General Contractor License Program
P. O. Box 388249
Chicago, IL 60638**

Respectfully,

**Patty Garber
City of Chicago
General Contractor License Program
P. O. Box 388249
Chicago, IL 60638**



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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 N/A					PER STATUTE 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)

CITY OF CHICAGO IS LISTED AS ADDITIONAL INSURED ON A PRIMARY, NON-CONTRIBUTORY BASIS.

CERTIFICATE HOLDER

CANCELLATION

CITY OF CHICAGO
GENERAL CONTRACTOR LICENSE PROGRAM
PO BOX 388249
CHICAGO, IL 60638-8249

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

Alicia Worley

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