York Sewer District

Sewer Contractor Application

1. Date Application Submitted: _____

2. Application Fee must be submitted with this completed application. This fee is non-refundable. The fee may be paid with a check or money order.

   ☐ Application Fee $100.00 Received by: _____

3. Applicant's Company Name: _____

   Owner: _____

   Business Address: _____

   _____

   Office Contact: _____

   Telephone Number: _____

   Fax Number: _____

   Email Address: _____

4. Please provide a narrative description of the following:

   A. A brief company history indicating the Applicant has been in business for five (5) years installing and repairing sewer facilities.

   _____

   _____

   _____

_____

_____

_____

B. Proof of required Insurance

Insurance Company:_____

Telephone Number:_____

Contact Person:_____

Name York Sewer District as also insured.

☐ Workmen's Compensation, Employer's Liability Insurance, and Occupational Disease Insurance:

☐ Comprehensive General Liability Insurance: in an amount of not less than $300,000.00 for bodily injury insurance and $500,000.00 for accidental death insurance for each occurrence and not less than $100,000.00 for property damage insurance

☐ Automobile Public Liability Insurance in an amount of not less than $300,000.00 for bodily injury insurance and $500,000 for accidental death insurance for each occurrence and not less that $100,000.00 for property damage insurance.

5. The Applicant shall provide references which shall list a minimum of five (5) sewer projects that the Applicant has performed on Sewer Systems in the last five (5) years. The intent is to permit the York Sewer District to contact parties for whom the Applicant has done Sewer System work in the immediate past. Start with your last or current project; detailing the immediate past five (5) projects. The reference is to include:

- Most Recent or Current Project
- Description of Services Provided
- Dates the work was performed

- Point of Contact
- Phone Number
- Address:

Contractors Signature:_____

Date:_____