



Sign Erector Application

The undersigned hereby makes application for sign erector's license in the City of Leavenworth, Kansas under the provisions of Development Regulations, Appendix A, Article 8 Signs

BUSINESS INFORMATION:

New \$150.00 Renewal \$150.00

Business Name _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

OWNER/APPLICANT INFORMATION:

Owner/Applicant Name: _____

Owner/Applicant Address: _____ City: _____ State: _____ Zip: _____

Owner/Applicant Phone: _____ Email: _____

MAILING ADDRESS:

Business Owner/Applicant Other: _____

All persons, firms, or corporations engaged in the business of sign or billboard fabrication, installation, or erection shall file a certificate of insurance with the city clerk before installing, erecting, or maintaining any sign or billboard. The certificate of insurance shall be in the amount of bodily injury liability \$100,000.00 each person, \$300,000.00 each accident and property damage liability; \$25,000.00 each accident or a good and sufficient bond in the same amounts shall be filed with and approved by the city clerk. The certificate or bond shall state that the policy or bond shall not be cancelled or in any manner amended, changed, or altered without giving the authorized representative five days written notice thereof. If a surety bond is provided in lieu of a certificate of insurance, such bond shall be approved and shall be conditioned for the installation and erection of signs in accordance with the ordinances of the city and the laws of the state, and shall provide for the indemnification of the city for any and all damages or liability which may accrue against it by reason of faulty installation, erection, demolition, repair, removal, or defects in or collapse of any sign for a period of one year after erection and for such period of time that such a sign is maintained or serviced by or under the direction of the maker of such bond. Such bond shall further provide for the indemnification of any person who shall, while upon public property or in any public place, incur damage for which the principal named in the bond is legally liable.

Office Use Only	
_____	Received By
_____	Date
_____	Insurance (requirements met)
_____	Account Number
_____	License Number
_____	Bill Number

By signing, I agree to comply with the City of Leavenworth Ordinance, Rules, or Regulations that govern the license and that all information provided is true and correct.

Owner/Applicant Signature: _____ Date: _____

SIGN ERECTOR LICENSES EXPIRE DECEMBER 31ST OF EACH YEAR

Fees paid are not prorated, refundable or transferable

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5th Street • Leavenworth, Kansas 66048



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2017

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 Agent	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <u>Insurance Company</u>	
INSURED Named Insured	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGESCERTIFICATE NUMBER: Sign Installer

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	COMMERCIAL GENERAL LIABILITY			Policy #			EACH OCCURRENCE \$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000			
							MED EXP (Any one person) \$ 1,000			
							PERSONAL & ADV INJURY \$ 100,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE \$ 300,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG \$ 300,000
	OTHER:									\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
							\$			
	UMBRELLA LIAB						EACH OCCURRENCE \$			
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$			
		<input type="checkbox"/> CLAIMS-MADE					\$			
	DED						\$			
	RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N					OTH-ER			
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					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)

Sign Installation/Erectors License.**CERTIFICATE HOLDER****CANCELLATION**

City of Leavenworth
100 N 5th Street
Leavenworth, KS 66048

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

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