

# EPCI

## Contractor Application

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Other Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### **Please provide and attach:**

- 1) A copy of any state license(s) you have.
- 2) A copy of your identification.
- 3) Certificate of liability insurance. (Liability insurance shall be issued by an insurance company licensed to do business in this state shall name the **City of Mexico Beach** as an additional insured by endorsement and shall provide a ten day notice of cancellation or reduction in coverage to the City Building Department.
- 4) Workers compensation (certificate or exemption).