



CITY OF DECATUR
 FINANCE DEPARTMENT
 #1 GARY K ANDERSON PLAZA
 DECATUR IL 62523
 LICENSING – (217) 424-2709

FEE: \$30
 License Expires April 30

SIGN HANGER LICENSE APPLICATION

Please circle one: Corporation LLC Partnership Individual Owner

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____ Phone # _____

Names and Addresses of Owner, Partners, or Shareholders/Officers/Directors of Corporation:

Name _____ Title _____

Address _____
Street City State Zip Code

Name _____ Title _____

Address _____
Street City State Zip Code

Name _____ Title _____

Address _____
Street City State Zip Code

_____/_____
 Signature of Applicant Title

***** PLEASE NOTE CERTIFICATE OF INSURANCE REQUIREMENTS ON OTHER SIDE *****

| | | | |
|---|--|-------------------------|---------------|
| TO BE COMPLETED BY FINANCE DEPT. | | New _____ | Renewal _____ |
| _____ | | Amount Paid \$ _____ | |
| City Manager or Designee | | Date Paid _____ | |
| Date | | Insurance Expired _____ | |
| | | License Number _____ | |
| | | License Issued _____ | |

SIGN HANGERS

INSURANCE REQUIREMENTS PER CITY CODE CHAPTER 37

The contractor may purchase insurance for the full limits required, or a combination of primary policies for lesser limits and the remaining limits provided by an Umbrella or Excess policy. Any policy providing excess limits shall name the City as additional insured and be primary. The Certificate shall provide for not less than thirty (30) days notice to the City before cancellation or modification of coverage can be effective.

The insurance contracts shall provide:

1. Comprehensive General Liability on an occurrence basis for premises, operations, completed operations and product liability with limits not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate and for completed operations and products. The City will be named as an additional insured and the licensee's insurance must be primary. Coverage must include:
 - a. \$1,000,000 per occurrence
 - b. \$2,000,000 for completed operations and products
 - c. \$2,000,000 in the aggregate
 - d. **The City will be named as an additional insured and the licensee's insurance must be primary.**
2. Commercial Auto Liability with limits of not less than \$1,000,000 Combined Single Limit for bodily injury and property damage each occurrence. The policy shall also cover hired and nonowned vehicles. The City will be named as an additional insured and the licensee's insurance must be primary. Coverage must include:
 - a. \$1,000,000 Combined Single Limit each occurrence.
 - b. Hired and non-owned must be covered.
 - c. **The City will be named as an additional insured and the licensee's insurance must be primary.**
3. Workers Compensation insurance according to the provisions of the Illinois Worker's Compensation Act, as amended, with Employer's Liability of not less than \$500,000 each accident, \$500,000 for Disease - policy limit and \$500,000 for Disease - each employee. Coverage must include:
 - a. \$500,000 each accident
 - b. \$500,000 for Disease - policy limit
 - c. \$500,000 for Disease - each employee

Please send your Certificate of Insurance to:

City of Decatur
Licensing Division
1 Gary K. Anderson Plaza
Decatur, IL 62525
FAX: 217-450-2289