



# Authorized Contractor Registration

## Contractor

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## Contact Information

Contact/Representative: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Insurance Information

Policy Number: \_\_\_\_\_  
 Policy Type: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Type of work to be completed:

- Commercial       Residential       Commercial & Residential

By executing this document, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that any material misrepresentation or omission from this application may be grounds for rejection of my application. I understand and agree that by executing this document, I attest to having valid insurance at the time of application and throughout the time of project construction.

San Antonio Water System reserves the right to inactivate the above designee upon insurance policy expiration, extended trade deficiencies, or at the discretion of the Director of Infrastructure Planning. It is the responsibility of the above designee to re-submit effective insurance coverage along with a registration form upon the expiration of an existing policy. In the event an insurance policy expires, no further permits will be issued to the above designee until the appropriate insurance information is re-submitted to SAWS.

\_\_\_\_\_  
 Applicant Printed Name                      Applicant Signature                      Date

Please return completed registration and copy of Certificate of Insurance to SAWS Mains & Services.  
 Phone: 210.233.2009 • Fax: 210.233.4583 • E-mail: ctr-project@saws.org

For Registration Processing Staff Only	
<input type="checkbox"/>	Registration form completed and signed.
<input type="checkbox"/>	Submitted Certificate of Insurance meets SAWS Standard Insurance Specifications.

San Antonio Water System • 2800 U.S. Hwy 281 North • P.O. Box 2449 • San Antonio, TX 78298-2449  
 210.704.SAWS • www.saws.org