Authorized Contractor Registration

Contractor

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

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: 210.233.3095 • Fax: 210.233.4583 • E-mail: approvedlist@saws.org

For Registration Processing Staff Only
☐ Registration form completed and signed.
☐ Submitted Certificate of Insurance meets SAWS Standard Insurance Specifications.