

MORTON BOROUGH

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CONTRACTOR INSURANCE VERIFICATION FORM ***PA REGISTRATION # VERIFICATION***

DATE _____

NAME OF
COMPANY _____

PA REGISTRATION NUMBER _____

STREET ADDRESS _____

CITY/ZIP _____

PHONE __ () _____ FAX __ () _____

TYPE OF TRADE _____

SIGNATURE OF APPLICANT _____

A COPY OF THE Contractor's Liability Insurance Certificates Worker's Compensation Insurance Certificate, where applicable, and State Home Improvement Contractor Certificate shall be attached. Failure to supply the Certificate(s) in ten (10) days will result in the application being revoked and a citation being issued. Fines will be up to \$1000.

Martha Preston
Borough Secretary