ALL APPLICANTS MUST BE STATE LICENSED CONTRACTORS WITH THE CLASS LICENSE APPLICABLE TO THE WORK HE IS GOING TO PERFORM.

All applicants must supply the following:

1. COPY OF STATE LICENSE OR POCKET CARD
2. CURRENT CITY BUSINESS TAX MUST BE PAID (951-826-5465)
3. UNDERGROUND SERVICE ALERT (1-800-227-2600)
4. CAL-OSHA EXCAVATION PERMIT (5’ or greater)
   242 E. Airport Drive, Suite 103
   San Bernardino, CA 92408
   Phone: 909-383-4321
5. AUTHORIZATION TO SIGN (ATTACHED)
6. CERTIFICATE OF INSURANCE

All certificates of insurance must show the following:

**GENERAL LIABILITY**

<table>
<thead>
<tr>
<th></th>
<th>each occurrence</th>
<th>each person</th>
<th>General Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily Injury</td>
<td>$ 1,000,000</td>
<td>$ 500,000</td>
<td>$ 2,000,000</td>
</tr>
<tr>
<td>Property Damage</td>
<td>$ 500,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- OR COMBINED SINGLE LIMITS OF ONE MILLION –

General Liability must cover:
- Comprehensive form
- Premises – Operations
- Underground Hazards
- Products / Complete Operations
- Contractual Insurance
- Independent Contractors

**WORKERS’ COMPENSATION** – Each occurrence – $ 1,000,000

**AUTO INSURANCE**

<table>
<thead>
<tr>
<th></th>
<th>each occurrence</th>
<th>each person</th>
</tr>
</thead>
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</tr>
<tr>
<td>Property Damage</td>
<td>$ 500,000</td>
<td></td>
</tr>
</tbody>
</table>

- OR COMBINED SINGLE LIMITS OF ONE MILLION –

Auto Insurance must cover:
- Comprehensive form
  - Owned
  - Non-owned

- **GL & AUTO INSURANCE MUST INCLUDE A SEPARATE ENDORSEMENT NAMING THE CITY OF RIVERSIDE AS AN ADDITIONAL INSURED – AND – CANCELLATION NOTICE OF 30 DAYS.**

- **THE CITY OF RIVERSIDE RISK MANAGEMENT MUST BE SHOWN AS CERTIFICATE HOLDER.**
Date: _____________________________

Address: _____________________________

___________________________________

Gentlemen:

Only those persons listed below are duly authorized by this company to act as our agents to obtain permits from the City of Riverside, Public Works Department, Engineering Division. It is our understanding that only these designated persons may obtain permits in this firm’s name and that this authorization will continue until the Public Works Department is notified in writing of any change.

1. ______________________________         2. ______________________________
   (TYPED OR PRINTED NAME)           (TYPED OR PRINTED NAME)
   ________________________________                   ______________________________
   (SIGNATURE)           (SIGNATURE)

3. ______________________________         4. _______________________________
   (TYPED OR PRINTED NAME)          (TYPED OR PRINTED NAME)
   ________________________________                   ________________________________
   (SIGNATURE)            (SIGNATURE)

Sincerely,

______________________________
COMPANY NAME

______________________________
TYPED NAME AND TITLE

______________________________
SIGNATURE