



*"The Capital City of the Palm Beaches"*

CONSTRUCTION SERVICES DEPARTMENT  
401 Clematis St.  
West Palm Beach FL 33401  
Telephone: 561/805-6700  
FAX: 561/805-6676

**CONTRACTOR MAINTENANCE**  
**REQUIREMENTS**

Florida Statutes Chapter 166

**\*\*\*ALL DOCUMENTS MUST BE SUBMITTED TOGETHER\*\*\***

**\*\*\*NO PARTIAL DOCUMENTATION WILL BE ACCEPTED!\*\*\***

1. Copy of State of Florida Contractor Certification

**OR**

Copy of Palm Beach County Contractor Certificate of Competency **AND** copy of State Registration

2. Certificate of Liability Insurance

Certificate of Workers Comp Insurance or Copy of Workers Comp Waiver for qualifier of company

Liability and Workers Comp Insurance is to be made out to the **CITY OF WEST PALM BEACH** using the address above.

**\*\*\*\*IMPORTANT INFORMATION\*\*\*\***

**ALL COMPANIES THAT LEASE EMPLOYEES (PAYROLL) MUST HAVE THE NAME OF THE COMPANY AND EXAMPLE BELOW ON THE INSURANCE FORM IF THE QUALIFIER IS COVERED UNDER THIS POLICY.**

**EXAMPLE: (John Doe is covered under this worker's comp policy)  
IF QUALIFIER IS NOT COVERED UNDER POLICY THEN YOU MUST SHOW EXEMPTION OR OTHER WORKER'S COMP COVERAGE FOR QUALIFIER.**

3. Copy of Local Business Tax Receipt from County or Municipality where your headquarters is located.
4. Documentation must include your phone (fax and e-mail if applicable).

**INFORMATION MUST BE UPDATED WHEN EXPIRED**

Rev. 05/18/10

*"An Equal Opportunity Employer"*