



TO: ALL CONTRACTOR'S
FROM: JOSEPH MCMAHON, BUILDING INSPECTOR
SUBJECT: CONTRACTOR'S ANNUAL REGISTRATION FEE

On August 1, 1991, the City of Plattsburgh Common Council approved a resolution to collect a contractor's registration fee. This fee will be collected by the Building Inspector's Office, 41 City Hall Place, Plattsburgh, NY 12901. The purpose of this registration fee is to reimburse the general fund for monitoring the insurance of contractor's who conduct business within the City Limits.

Unlike licensing, we are not governing qualifications or setting standards of contractor's to operate within.

The contractor will complete the contractor's registration form, pay the fee of \$25.00 and supply this office with proof of insurance to be a registered contractor in the City of Plattsburgh.

Any further information needed please contact our office at (518) 563-7707.

Checks may be made payable to "City Clerk".

CITY OF PLATTSBURGH CONTRACTOR'S REGISTRATION FORM
BUILDING AND ZONING OFFICE
41 CITY HALL PLACE
PLATTSBURGH, NY 12901
(518) 563 7707
buildinginspector@cityofplattsburgh-ny.gov

CUSTOMER NUMBER

REGISTRATION NUMBER

(above to be filled in by Building Inspector Office Staff)

BUSINESS NAME:

BUSINESS ADDRESS:

PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL:

PRINCIPLE OWNER:

OWNER ADDRESS:

PHONE NUMBER:

OTHER OWNER NAME
(If partnership)

PHONE NUMBER:

Contractor's Signature:

INSURANCE REQUIREMENTS FOR CITY OF PLATTSBURGH

- 1) Contractors registering with the City of Plattsburgh to perform work within the City limits will provide proof of insurance based on the required limits (as listed below) and provide a certificate of insurance (Accord 25) to the City.
- 2) The City must be named as additional insured for work the contractor will be doing within the City limits that will hold the City harmless in case of physical injury or property damage to any public or private concern rising out of performing that work in the City limits.
- 3) The following insurance requirements are clarified and required for City of Plattsburgh Users of Facilities, City Properties, Non Owner-Occupied Properties and Registered Contractors performing work within the City limits:

A) Commercial General Liability:

Products Comp/Op Aggregate:	\$2,000,000
General Aggregate:	\$2,000,000
Personal & Adv. Injury:	\$1,000,000
Med Exp:	\$ 5,000
Damage to Rented Premises:	\$ 50,000
Each Occurrence:	\$1,000,000

1. Occurrence box must have "X."
2. City of Plattsburgh named as additionally insured under General Liability.
3. If Demolition, it needs to state so on certificate.

B) Automobile Liability:

Combined Single Limit: \$1,000,000.

Check boxes: Any Auto, All Owned Autos or Scheduled Auto's.

C) Workers Compensation:

In addition to the normal New York Statutory coverage that is required in All States or New York, endorsement is required from lessee's or users domiciled in a state other than New York. Any contractor with employees must provide a Certificate of Workers Compensation Insurance.

If a leesee or user of the city facility requires an employee or is employed at that facility to enter the confines of the Inter-state water of Lake Champlain, the Worker's Compensation policy is to include a United States Longshoremen's and Harbor Workers Compensation Act endorsement as part of their policy.

D) Disability:

Statutory coverage is required from all lessees or users regardless if they are domiciled in New York State or a State other than New York. Any contractor employing workers must provide a Disability Form (DB-120.1 or DB-155). A CE 200 Certificate of Attestation of Exemption should be provided to City when claiming Exemption for Workers Comp and Disability requirements .

E) Liquor Law Liability (if deemed necessary):

Any persons or organizations that are permitted to use City building or property for the sale, consumption or distribution of alcoholic beverages are subject to written lease containing an indemnification clause which holds the City of Plattsburgh harmless against any and all claims, regardless of the term of the lease. They are required to provide evidence of insurance as follows:

Premises-Operations: BI/PD: \$1,000,000 CSL

F) Submit on Accord 25 form with following information:

- 1) Agent/Broker name must appear on Accord 25 Form.
- 2) Contact name, Phone number and email address must be provided on Accord 25 Form.
- 3) Certificate must have signature/stamp of authorized insurance representative.
- 4) Proper insured's name must be included.
- 5) Current date on certificate.
- 6) Insurance companies inserted.
- 7) Company letter inserted next to coverage
- 8) Policy numbers/Binder numbers must be inserted.
- 9) Policy effective/expiration date must be inserted.
- 10) Certificate Holder should be:

City of Plattsburgh
41 City Hall Place
Plattsburgh, NY 12901

G) If applicable, Excess Liability Box needs to be checked and filled out with amount of coverage.

The City of Plattsburgh reserves the right to increase these requirements as necessary.

CITY OF PLATTSBURGH
INSURANCE REQUIREMENT CHECKLIST

Contractor: _____

General Information

- 1. Agent/Broker's name must appear on Certificate _____
- 2. Proper insured's name must be included _____
- 3. Current date is required _____
- 4. Insurance companies inserted _____
- 5. Company letter inserted next to coverage _____
- 6. Commercial General Liability must have "X" _____
- 7. Occurrence box must have "X" _____
- 8. Any Auto or All Owned Autos or Scheduled Autos "X" _____
- 9. Hired & Non-owned Auto "X" _____
- 10. If applicable, Excess Liability-Box would need "X" _____
- 11. Policy numbers/Binder numbers must be inserted _____
- 12. Policy effective/expiration date must be inserted _____
- 13. Certificates must name "City of Plattsburgh" as Additional Insured _____

General Liability

- 14. Each Occurrence limit must be \$1,000,000 _____
- 15. Each Aggregate limit must be at least \$1,000,000 _____
- 16. Products-Completed Operations must be at least \$1,000,000 _____
- 17. If Demolition, it needs to state so on Certificate _____
- 18. Purpose of Certificate should be noted _____
- 19. Certificate Holder must have at least 10 days _____

Worker's Compensation

- 20. Worker's Compensation form C-105.2 must be attached _____
- 21. Longshoreman's needs to be identified if working or, on or near any waterways, lakes, rivers, etc. _____

Disability

- 22. NY Disability form DB120.1 must be attached _____
- 23. Certificate holder must have at least 10 days Cancellation Notice _____

Miscellaneous

- 24. Certificate must have signature/stamp of Authorized Insurance Representative _____
- 25. NY State Disability should be inserted in the other box _____



Plattsburgh, New York

Building and Zoning Department
41 City Hall Place
Plattsburgh, New York 12901
Ph: (518) 563-7707
Fax: (518) 563-6426

Attached is the **Contractor Registration** (our office will assign a number to it) and the insurance checklist.
A **\$25.00 registration fee** is required and is renewable annually (checks can be made payable to: City Clerk).
Three separate insurance certificates are required for the

- **Liability**
- **Workers Compensation (Form C-105.2 or SI-12)**
- **Disability (Form DB 120.1 or DB 155)**

If you are exempt from carrying the Workers Compensation and/or Disability, **Form CE-200**, a Certificate of Attestation of Exemption may be completed online at www.wcb.state.ny.us (under the heading: forms), for each Building Permit application.

The State of New York requires that this form be completed and signed and submitted to our office to process building permits if you are exempt.

If you are mailing in any documents, please send to:

Building Inspector's Office
41 City Hall Place
Plattsburgh, NY 12901

Insurance forms can be faxed to our office: 563-6426.
Our office is open Monday – Friday 8:00 a.m. to 4:00 p.m.

A complete Contractor Registration is required in order to process Building Permits.

Once we have received the registration fee (\$25.00), the registration form, insurance certificates for Liability, New York State Workers Compensation and Disability, your Contractor Registration will be complete.

**Remember to allow time for the insurance documents to arrive in our office.
Please do not hesitate to contact our office with any questions.**

