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Application for Owner Acting as General Contractor

And

Instruction Sheet

For

Unincorporated Lake County Licensing Department

And

Lake County Planning & Building Department

2293 N. Main St.

Crown Point, In 46307

Phone: (219) 755-3700

Application form:

Date: \_\_\_\_\_

1. Applicants/Owners Names \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Project Address: \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_

5. License Type: Owner acting as General Contractor.

6. Photographs colored - 2 (two) measuring 2" x 2" Attached \_\_\_\_\_

7. Copy of Home Owners Builders Risk Insurance. Attached \_\_\_\_\_

(A Commercial General Contractors Certificate of Insurance)

(example of Builders Risk Insurance attached, Value of Policy must be equal to value of residence to be built.)

8. Application and processing fee \$50.00. Attached \_\_\_\_\_

( Check , Cash or Money Order- made out to the Lake County Plan Commission)

9. Do you understand the Unincorporated Lake County, Indiana Building Code - The required Inspections and Required Permits? Yes \_\_\_\_\_ No \_\_\_\_\_

10. In witness whereof, I have hereunto subscribed my name this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_, in the County of \_\_\_\_\_,

State of \_\_\_\_\_, Drivers License Number \_\_\_\_\_

\_\_\_\_\_  
(Applicants Address)

\_\_\_\_\_  
(City, State, Zip Codes)

Signature must be Notarized :

s/s

\_\_\_\_\_, Legal Resident of \_\_\_\_\_ County,

(Applicants Name)

State of \_\_\_\_\_, having been sworn, or having affirmed before me, declares that he/she is the person described in the foregoing application and that all statements contained in the said answers are true to be the best of his/her knowledge and belief.

S/s

Sworn and subscribed to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_,

In the County of \_\_\_\_\_, State of \_\_\_\_\_,

Notary Public Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_.

11. All applications shall be signed by the applicant/applicants and shall be accompanied by a recommendation as to the character and honesty of the applicant from two (2) citizens of this county who are not related to the applicant who shall be owners of real estate in the county where the applicant proposes to actively engage in the construction of their own residence. see Endorsement forms 1 & 2 attached.

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Certificate of Insurance - (See example attached)

Certificate Holder on Certificate of Insurance should be:

Lake County Plan Commission

2293 N. Main St.

Crown Point, In 46307

Scope of work on Insurance must state: Owner acting as General Contractor.

Value of policy is: Value of Residence you are Building (example Value of Residence is \$200,000.00, then policy value should be that amount)

Certificate of Insurance must be RECORDED in Lake County Recorder's Office.

ENDORSEMENT #1

I, the undersigned, do hereby attest that I am a citizen of Lake County and am not related to the applicant or a member of the corporation and that I am an owner of real estate in Lake County, Indiana.

I now reside in \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, having resided there since \_\_\_\_\_, 20\_\_ and that I am personally acquainted with the applicant herein, and that the answers made by me to the following questions are true to the best of my knowledge and belief.

- a. How long have you been acquainted with the applicant? \_\_\_\_\_ (Years)
- b. How long has he/she been engaged in contracting work? \_\_\_\_\_ (Years)
- c. Is he honest and of good moral character? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Would you consider him/her to be qualified? \_\_\_\_\_

IN WITNESS WHEREOF, I hereunto subscribe my name this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

s/s

OFFICIAL SEAL

(Seal must not be omitted)

SWORN AND SUBSCRIBED To before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(County)

MY COMMISSION EXPIRES \_\_\_\_\_, 20 \_\_\_\_

ENDORSEMENT #2

I, the undersigned, do hereby attest that I am a citizen of Lake County and am not related to the applicant or a member of the corporation and that I am an owner of real estate in Lake County, Indiana.

I now reside in \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, having resided there since \_\_\_\_\_, 20\_\_\_\_, and that I am personally acquainted with the applicant herein, and that the answers made by me to the following questions are true to the best of my knowledge and belief.

- a. How long have you been acquainted with the applicant? \_\_\_\_\_ (Years)
- b. How long has he/she been engaged in contracting work? \_\_\_\_\_ (Years)
- c. Is he/she honest and of good moral character? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Would you consider him/her to be qualified? \_\_\_\_\_

IN WITNESS WHEREOF, I hereunto subscribe my name this \_\_\_\_\_ day of \_\_\_\_\_, 20, \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
 (Printed Name)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City, State, Zip Code)

s/s  
OFFICIAL SEAL  
(Seal must not be omitted)

SWORN AND SUBSCRIBED To before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Signature) \_\_\_\_\_ (County)

MY COMMISSION EXPIRES \_\_\_\_\_, 20 \_\_\_\_\_



# Builders Risk

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

EXAMPLE

<b>PRODUCER</b> Crowel Agency, Inc. 8244 Kennedy Avenue  Highland IN 46322	<b>CONTACT NAME:</b> Temple Harlow <b>PHONE (A/C No. Ext):</b> (219) 923-2131 <b>E-MAIL ADDRESS:</b> tch@crowelinsurance.com <b>FAX (A/C. No.):</b> (219) 972-5209  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Company <b>INSURER B:</b> Zurich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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**COVERAGES**      **CERTIFICATE NUMBER:** new      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Policy Number Here	06/15/2015	06/15/2016	EACH OCCURRENCE \$ 1,000, DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100, MED EXP (Any one person) \$ 5, PERSONAL & ADV INJURY \$ 1,000, GENERAL AGGREGATE \$ 2,000, PRODUCTS, COMPO AGG \$ 2,000, COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <b>RETENTION \$</b>						E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						250,000 Deductible \$1,000 (Value of Policy is is Value of House.)
B	Builders Risk Policy			Policy Number Here	06/15/2015	06/15/2016	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Builders Risk Location: 1301 Cedar Lake Rd. Crown Point, In 46307

OWNER ACTING AS GENERAL      FOR BUILDING ADDRESS:

<b>CERTIFICATE HOLDER</b> (219) 755-3712  Lake County Plan Commission 2293 N. Main Street Crown Point, IN 46307	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> Temple Harlow/TEMPLE <i>Temple Harlow</i>
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