



INSURANCE DISCLOSURE

I/we, _____, as general contractor currently have and will maintain general liability insurance to the limit of _____ and workers' compensation coverage to the limit of _____. Furthermore, I/we affirm that I will comply with all applicable codes adopted by the Town of Limon. _____ (signed) _____ Date

Name _____

Address _____



I/we, _____, as general contractor do not have general liability or worker's compensation coverage. Furthermore, I/we affirm that I will comply with all applicable codes adopted by the Town of Limon.

_____ (signed) _____ Date

Name _____

Address _____

I/we, _____, as owner(s) of the property acknowledge that the general contractor for this project does not have insurance coverage. _____ (signed) _____ Date



I/we, _____, as owner(s) of the property affirm that I will be completing this project without the assistance of a contractor. Furthermore, I/we affirm that I will comply with all applicable codes adopted by the Town of Limon. _____ (signed) _____ Date

