



AFFIDAVIT OF INSURANCE COVERAGE



This affidavit must be completed and on file with the City of Aspen/Pitkin County Community Development Department before any Contractor License will be issued.

I, _____ of _____
Name of Contactor/Applicant Company Name

at _____
Street Address City State Zip Code

hereby swear or affirm that I will carry worker's compensation Insurance, if required by law, and general liability Insurance with minimum limits of not less than \$500,000 for one person and \$1,000,000 for any one accident, and property damage insurance with a minimum limit of not less than \$300,00 for any one accident at the time I perform any construction activities in the City of Aspen or Pitkin County. I also agree to produce proof of such insurance whenever the City of Aspen or Pitkin County requests.

Signature

By signing above I understand and agree with the fore mentioned statement.

We are **no longer requiring or accepting Certificates of Liability Insurance** as part of the Application to become a Licensed Contractor. All we need is this affidavit to be completed.

If your insurance company automatically sends us Certificates of Liability Insurance please contact them and ask them not to do this.