

CONTRACTOR INSURANCE REQUIREMENTS

“VILLAGE OF SCARSDALE

1001 POST ROAD, SCARSDALE NY 10583”

AS CERTIFICATE HOLDER ON ALL INSURANCE FORMS.

1. WESTCHESTER HOME IMPROVEMENT LICENSE
2. GENERAL LIABILITY ONLY ON ACORD FORM
3. WORKERS’ COMP ONLY ON FORM C105-2 OR U26.3
4. DISABILITY INSURANCE FOR ENGINEERING DEPT

HOMEOWNER DO-IT-YOURSELF REQUIREMENTS

1. DECLARATION PAGE OF HOMEOWNERS
INSURANCE POLICY
2. WORKERS’ COMPENSATION FORM OR
AFFIDAVIT OF EXEMPTION OF WORKERS’ COMP
(FOUND ONLINE OR AT THE BUILDING DEPT)

**ALL INSURANCE FORMS MUST
BE SUBMITTED PRIOR TO
PERMIT BEING PRINTED.**

MAY BE EMAILED TO: BUILDING@SCARSDALE.COM