Dept. of Business and Neighborhood Services Contractor Licensing 200 E. Washington St., Ste. 107 Indianapolis, IN 46204

Phone: (317)327-1291 Email: Contractors@indy.gov



## GENERAL CONTRACTOR LICENSE REQUIRED ITEMS LIST

THIS IS A TWO PAGE DOCUMENT. PLEASE REVIEW BOTH PAGES.

Please submit all required documentation, outlined below, as required for the filing status in which you are applying. Once you complete the application(s) and obtain the required documents, please submit all documents together for processing. Documents may be submitted via email to Contractors@indy.gov or mailed to the address shown in the top, left-hand corner of this page. Partial application packets will not be accepted. Any incomplete or incorrect information will result in the entire application packet being returned for revisions.

All General Contractor licenses expire on December 31st of even-numbered years and are renewable every two years. All new license listings, including business entity type changes, will be required to attend an orientation class within sixty (60) days of issuance.

The business name on all the documentation provided (application, certificate of insurance, bond, and workman's compensation, registration, etc.) must read exactly the same.

## □ COMPLETED COMPANY LICENSE APPLICATION

## □ PROOF OF BUSINESS REGISTRATION

- The business name on the documentation must match the business name as it is registered, if registration is required.
- SOLE PROPRIETORS AND PARTNERSHIPS
  - Business name should be listed as: "'Owner(s) Name' DBA (doing business as) 'Business Name'".
    - If the DBA includes the surname(s) of the proprietor or partners, registration of the business name is not required.
    - If the DBA does not include the surname(s) of the proprietor or partners, the DBA must be registered in the county in which the business originates. Proof of the DBA registration must be submitted with this application. If the county does not record DBA information, submit a letter from the county stating their policy.
- LLCs and CORPORATIONS
  - o Proof of registration with the Indiana Secretary of State

□ CERTIF	FICATE OF INSURANCE – Declarations will not be accepted.
- 1	☐ States the policy number or "Binder" (A Binder is only valid for 30 days from date of policy issuance.)
	□States the effective and expiration dates of the coverage

☐ Business name listed as the Insured.

- □City of Indianapolis listed as Certificate Holder with Department's address (The Department's address is in the top, left hand corner of this page.)
- ☐ Must indicate coverage for General Contractor or General Contracting.
- No language limiting coverage to a single job, a single address, to only permitted work, or to a specific scope of work.

☐ States written notice will be given to the Department at least 15 days prior to cancellation of policy

Requirements continue onto Page 2.



□ GENERAL LIABILITY POLICY
$\square$ Minimum of \$500,000 for each occurrence of death or bodily injury $\underline{\text{and}}$ Minimum of \$100,000 for each occurrence of
property damage
OR Minimum of \$500,00 per occurrence for combined coverage of both bodily injury and property damage
☐ The "Consolidated City of Indianapolis" is named as Additional Insured and that statement is shown on the front/face of
the Certificate with <b>no</b> language requiring a contract or agreement for the coverage
• If an endorsement is needed to list the City as Additional Insured without requiring a contract or agreement, use ISO
CG2036 0413 or an equivalent. We require the Additional Insured as the grantor of the license only.
o If an endorsement is listed on the certificate, a copy of the endorsement must be provided.
☐ WORKER'S COMPENSATION POLICY – Must carry Workman's Compensation Insurance for workers employed in
Indianapolis/Marion County
If your business does not have employees:
o Sole Proprietors, Partnerships, and LLCs must complete the Worker's Compensation waiver box on Page 2
of the Company License Application
<ul> <li>Corporations are required to carry workman's compensation coverage – at least covering the owner/principal – by Indiana State Law, including Sub-S Corporations. If there are no employees, you must</li> </ul>
complete the Workman's Compensation Exemption Certificate Clearance Waiver issued by the State of Indiana.

LICENSE O	R PERMIT	SUR	ETY	BON	1D (	OR	CONT	INUA	10ITA	I CE	RTIFIC	CATE	FOR	LICEN	ISE F	RENE	WAL)
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Type written (nama written bonds will not be decepted)
☐ Business name is listed as the Principal
☐ Bond number provided
$\square$ Name, address, and phone number of the bonding company $\&$ insurance agent present
☐ \$10,000 amount
☐ "Consolidated City of Indianapolis and/or an Unknown Third Party" named as Obligee
☐ Indicates coverage for a General Contractor
☐ Signed by the principal (If partnership, all partners must sign)
$\square$ Expiration date of 12/31/2024 or 12/31/2026 present. Continuous bonds will not be accepted.

## □LICENSE FEE

- Renewal Fee: \$247.00
- Additional Authorized Agent Fee [if exceeding (5) five agents]: \$63.00 each

☐ Confirmation of surety company's authority to do business in Indiana

- New License Fee Prorated fee amount based on when the license is applied for during the license term:
  - o Applied for 01/01/2023 to 06/30/2023: \$247.00
  - o Applied for 07/01/2023 to 12/31/2023:\$185.00
  - o Applied for 01/01/2024 to 12/31/2024:\$124.00

Additional Contact Information:

Indiana Secretary of State (317)232-6576 https://inbiz.in.gov

Worker's Compensation Board of Indiana (317)232-3808 for Indianapolis-based businesses (800)824-COMP for outside of Indianapolis https://www.in.gov/wcb/

