

**DERRY TOWNSHIP MUNICIPAL AUTHORITY
BUILDING SEWER INSTALLER=S CERTIFICATION FORM
PROFESSIONAL VERSION**

GENERAL INFORMATION

Firm Name _____

Address _____

Phone _____ Individual _____ Partnership _____ Corporation _____

Contact Name _____ Title _____

Cell Phone _____ Fax _____ Email _____

PURPOSE OF CERTIFICATION (initial only one of the statements below)

1. I am making this certification so as to be able to install building sewers for the general public and understand that my name will be published on a list of installers made available to the general public.

2. I am making this certification so as to be able to install building sewers for selected clients only and understand that my name will not be published on a list of installers made available to the general public.

FIRM INFORMATION

Does your firm have employees? _____ No _____ Yes If yes, how many? _____

Is your firm licensed or registered by the state or a local government to perform the following functions. If registered, list registration information.

- | | | | | | |
|---------------|-------|----|-------|-----|-------|
| 1. Plumbing | _____ | No | _____ | Yes | _____ |
| 2. Electrical | _____ | No | _____ | Yes | _____ |
| 3. Blasting | _____ | No | _____ | Yes | _____ |

Please indicate how the following functions will be performed:

	By this firm	By Subcontractors*
1. Plumbing	_____	_____
2. Labor	_____	_____
3. Excavation	_____	_____
4. Blasting	_____	_____
5. Electrical	_____	_____

*See insurance requirements on back of this form.

INSURANCE INFORMATION

Agency Name _____ Contact Person _____

Address _____

Phone _____ Fax _____ Email _____

The following limits of insurance coverage are required:

1. General Liability - \$500,000 each occurrence/aggregate

The policy must include *Independent Contractors, Completed Operations and Contractual Liability* coverages. The Contractual Coverage funds the indemnification required as part of this certification. If the firm performs its own blasting and excavation, *Blasting, Collapse Hazard, and Underground Property Damage Coverage* must also be provided.

2. Automotive Liability - \$500,000 combined single limit

3. Workers= Compensation - legally required limits (if firm has employees).

CERTIFICATION

On behalf of my firm, by my signature below, I certify that:

1. I have read, understand, and am familiar with the Authority=s requirements contained in its Rates, Rules, and Regulations regarding the installation of building sewers and that I will comply with those requirements. In addition, my firm has sufficient knowledge, experience, and resources to be able to comply with the regulations.
2. I have the insurance coverages in force on this date which are required by the Authority=s Rates, Rules, and Regulations and will keep such coverages in force with respect to any building sewer installations to be performed within the Authority=s service area.
3. My insurance policy covers any subcontractor(s) that I engage to assist with building sewer installation or I have attached additional certification forms from my subcontractor(s).
4. Upon request from the Authority, I will immediately provide a certificate evidencing the required insurance coverages.
5. I understand that I may be prohibited from installing building sewers for the reasons outlined in the Authority=s Rates, Rules, and Regulations.
6. I have the corporate authority to execute this certificate and all of the information provided in this certification is, to the best of my knowledge and belief, true, accurate, and complete.

INDEMNIFICATION

On behalf of my firm, by my signature below, I agree to save the Authority harmless and defend the Authority from (1) any claims of a property owner or other person arising out of my installation of a building sewer; and (2) any damages to the Authority=s sewer system or any costs and expenses incurred by the Authority resulting from my failure to comply with the Authority=s Rates, Rules, and Regulations regarding building sewer installation.

Signature of responsible officer

Print name of above official

Date