



**VOLUNTARY ROOFING CONTRACTOR REGISTRATION & UPDATE FORM**

**This form may be completed but must be presented in person with valid photo identification.**

**BUSINESS OR COMPANY INFORMATION (INDIVIDUALS COMPLETE NEXT SECTION)**

Company's Name: \_\_\_\_\_

Business Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**INDIVIDUALS OR OWNER OR AUTHORIZED REPRESENTATIVE'S INFORMATION**

Owner's Name: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_ State: \_\_\_\_\_

Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**INSURANCE INFORMATION**

Proof of comprehensive general liability insurance in the form of a certificate or policy with minimum limits of \$500,000 of death or bodily injury and \$500,000 for property damage, per occurrence is required. The policy must be issued or reinsured by a specified carrier that is listed with a rating of B+ or better in the last published edition of Best's Insurance Reports-Property Casualty Volume (published by A. M. Best Company, Oldwich, New Jersey 08858) and shall provide that the coverage includes roofing operations. Each policy shall provide that not less than 10 days written notice shall be given to the building official in the event of reduction or cancellation of the policy. The registered contractor is responsible for maintaining current proof of coverage with the Building Inspections Office.

The insurance carrier must fax proof of coverage to **832-394-9632** prior to your registration. The certificate holder shall be City of Houston/Structural Inspections, 1002 Washington Avenue, Houston, TX 77002.

Policy Holder: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**LIST ALL PERSONS AUTHORIZED TO PICK-UP PERMITS WITH YOUR REGISTRATION NUMBER**

1	_____	DL#	_____	State	_____
2	_____	DL#	_____	State	_____
3	_____	DL#	_____	State	_____
4	_____	DL#	_____	State	_____
5	_____	DL#	_____	State	_____

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Roofing Registration No. : \_\_\_\_\_ Expiration Date: \_\_\_\_\_