

Contractor's Addendum

Date _____ Tax Map No. _____ Permit No. _____

→Contractor's Name _____
Address _____ Phone no. _____
Liability insurance carrier and policy# _____
Worker's Compensation required ☐ Yes ☐ No

→Contractor's Name _____
Address _____ Phone no. _____
Liability insurance carrier and policy# _____
Worker's Compensation required ☐ Yes ☐ No

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Liability insurance carrier and policy# _____
Worker's Compensation required ☐ Yes ☐ No

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