Contractor's Addendum

Tax Map No	Permit No
→Contractor's Name	
Address	Phone no
Worker's Compensation required [†] □Yes †□No	
→Contractor's Name	
Address	Phone no
Address Liability insurance carrier and policy#	
Worker's Compensation required □Yes □No	
→Contractor's Name	
Address	Phone no.
Address Liability insurance carrier and policy#	
Worker's Compensation required [™] Yes [™] No	
→Contractor's Name	
Address	Phone no.
AddressLiability insurance carrier and policy#	
Worker's Compensation required □Yes □No	
→Contractor's Name	
Address	Phone no.
AddressLiability insurance carrier and policy#	
Worker's Compensation required □Yes □No	
→Contractor's Name	
Address	Phone no.
AddressLiability insurance carrier and policy#	
Worker's Compensation required □Yes □No	
→Contractor's Name	
Address	
Liability insurance carrier and policy#	
Worker's Compensation required □Yes □No	
→Contractor's Name	
Address	Phone no.
AddressLiability insurance carrier and policy#	
Worker's Compensation required Pres No	