

**JO DAVIESS COUNTY**

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**2023 Contractor Insurance Information Form**

Please completely fill out this form and return with your certificate of insurance.

Contractor's Name: \_\_\_\_\_

Company Name (dba): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Fax #: \_\_\_\_\_ email: \_\_\_\_\_

If a corporation, name of registered agent: \_\_\_\_\_

Nature of your business (General construction, excavation, consulting, supplier, service provider etc.) \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_

Your Insurance Agency Name: \_\_\_\_\_

Your Insurance Agent's Name: \_\_\_\_\_

Address of your agent: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number of Agent: \_\_\_\_\_

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

**It is the requirement of Jo Daviess County (County) that for work performed under contract and/or authorized by the County and conducted on county property that the contractor/supplier (Contractor) procure and maintain insurance at the expense of the Contractor and without expense to the County, until final acceptance of the work. All insurance must be procured and maintained in a form satisfactory to the County and must meet the minimum requirements of the Jo Daviess County certificate of insurance policy.**

With my signature below, I certify that the information above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date