



**City of Aspen and Pitkin County
Contractor Licensing and Registration**

130 South Galena Street
Aspen, Colorado 81611
Telephone: (970) 920-5090

AFFIDAVIT OF INSURANCE COVERAGE

This affidavit must be completed and on file with the City of Aspen/Pitkin County Community Development Department before any Contractor License will be issued.

Company Name (please print or type)

Street Address

City

State

Zip Code

I, _____ hereby swear or affirm that I will carry employee and
(Name of Applicant)
public liability insurance with minimum limits of not less than \$100,000 for one person and
\$300,000 for any one accident, and property damage insurance with a minimum limit of not less
than \$100,000 for any one accident at the time I perform any construction activities in the City of
Aspen or Pitkin County. The City of Aspen and Pitkin County shall be named as co-insured on
the policy. I also agree to produce proof of such insurance whenever the City of Aspen or Pitkin
County requests.

(Signature)

By signing above I understand and agree with the fore mentioned statement.

(Date)