



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Construction Contractors Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: ConstructionContractors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ConstructionContractors

Certificate of Insurance Coverage

Submit this completed original form or a Certificate of Insurance issued by your provider with the construction contractor application.

Your bond and insurance documents must be dated no more than 30 days from the date received in our office, and your business name(s) on your insurance documents must exactly match your business name(s) on your application. This includes your corporation (if applicable) and doing business as (DBA) name(s). For further guidance on how and when the bond and insurance documents must be completed, review the Construction Contractor FAQs, available at

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ConstructionContractors/ConstructionContractorsFAQs.aspx>.

Contractor Name:			
DBA Name:			
Policy Number(s):		Amount Insured: (Per AS 08.18.101)	
Effective Start Date:		Effective End Date:	
<p>By the signature below we hereby certify we are a duly authorized casualty insurer eligible to write business in the State of Alaska and have written a public liability policy of not less than the limits required under AS 08.18 on behalf of the construction contractor/DBA named above for registration as a contractor under the policy information listed above.</p> <p>In the event the above policy is cancelled for any reason, we agree to furnish the Department of Commerce, Community, and Economic Development, Construction Contractors Section, at the above address, a NOTIFICATION OF CANCELLATION at least 30 days before the effective date of that cancellation.</p>			
Name of Insurance Carrier (Not Agency):			
Address:	Street	City	State Zip
Signature of Authorized Agent:		Date Signed:	