

A person who holds an elevator contractor may not contract with another person or entity to engage in construction business activities unless the person or entity holds a credential under SPS 305.30(1)(a) or (b).

Applying for Elevator Contractor License

In accordance with SPS 305.9905(3), a person applying for an elevator contractor license shall provide all of the following:

1. A statement certifying that the person complies with the worker's compensation requirements under ch. 102, Stats.
2. Evidence of compliance with the liability insurance requirements as specified under s. 101.985 (1), Stats.

Liability Insurance: The business has in force a policy of general liability insurance issued by an insurer authorized to do business in Wisconsin insuring the business in the amount of at least \$1,000,000 per occurrence because of bodily injury to or death of others and at least \$500,000 because of damage to the property of others.

Liability insurance policies must provide that it may not be canceled by the person covered by the insurer or surety company except on 30 days written notice served on the department in person or by certified mail. The person covered shall file with the department proof of replacement insurance or bond within the 30-day notice period and before the expiration of the policy or bond. The department may suspend without prior notice or hearing the elevator contractor license of a person who does not file satisfactory proof of replacement insurance or bond.

Your CURRENT (not expired) insurance certificate MUST BE ATTACHED TO THE APPLICATION and must indicate the following:

1. The certificate holder is: Department of Safety and Professional services, Trades Credentialing, PO Box 7082, Madison WI 53707-7082. (Note: The certificate holder information is usually located in the lower left hand corner on the certificate);
2. The company/person is insured for at least \$1,000,000 dollars per occurrence because of bodily injury to or death of others insurance and at least \$500,000 per occurrence because of damage to the property of others; and
3. The insured is the business listed on the application

Unemployment Compensation Requirements: By signing this form, the applicant is attesting that the business is making contributions or paying taxes required as Wisconsin unemployment compensation contributions under ch. 108, Stats., or federal unemployment compensation taxes under 26 USC 3301 to 3311. If unsure whether unemployment compensation contributions/taxes are required for the business, call Unemployment Compensation Division, 608-261-6700.

Worker's Compensation Requirements: By signing this form the applicant is attesting that the business, if required under s. 102.28 (2), Stats., has in force a policy of worker's compensation insurance issued by an insurer authorized to do business in Wisconsin or is self-insured in accordance with s. 102.28 (2), Stats. If unsure whether worker's compensation insurance or self insurance for worker's compensation is required for the business, call Worker's Compensation Division, 608-266-1340.