CITY OF HOUSTON

Department of Public Works and Engineering

This application is being filled by:

☐ Owner of facility for the purpose of excavation permit

☐ Contractor for the purpose of obtaining Excavation permit

Please fax this form with a copy of the liability insurance to 713-837-0287, or 713-837-0289

Company Name:	Business Type:
Telephone Number:	Facsimile Number:
Emergency Contact Number:	
E-Mail Address:	
Insurance Company Name:	Telephone Number:
Insurance Company Address:	
Insurance Policy Number:	Insurance Expiration Date:
Policy Limits: not less than $150,000/$150,000/$500,000 Yes No	
Does policy include a provision obligating the insurer to furnish to the City Engineer at least 15 days prior written notice of any cancellation? Yes No	
Mailing Address:_____ Address _____ City State Zip Code	
Physical Address (if different from above): _____ Address City State Zip Code	
Company's Authorized agent: Last: First: Middle: (Login name shall consist of First Name's initial and the Last Name, one word, up to 8 characters, all lower case.)	
Authorized Agent's Password (up to 8 characters, case sensitive):	