

Workers' Compensation Insurance Coverage Information

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant: _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date: _____

C. Exemption – **MUST BE NOTORIZED**

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

Homeowner who elects to all work without contracting or hiring others to assist.

Religious exemption under the Workers' Compensation Law.

Signature of Applicant: _____

Address: _____

Commonwealth of Pennsylvania, County of _____

On this, the _____ day of _____, 20____ before me _____,

the undersigned personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.

Notary Public