

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker' Compensation Law.
_____ Yes _____ No

If the answer is "yes", complete Section B or C below.
If the answer is "no" complete Section C below.

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B. Insurance Information:
Name of Applicant _____
Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation
_____ Original Certificate attached.

Name of Workers' Compensation insurer _____

Workers' Compensation Insurance Policy No. _____
_____ Original Certificate attached.

Policy Expiration Date _____

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C. Exemption... **MUST BE NOTARIZED**...

Complete Section C if the applicant is a contractor or homeowner 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 perform all of the work without contracting or hiring others to assist.

_____ **Religious exemption** under Worker' Compensation Law.

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Signature of applicant: _____

Address: _____

Commonwealth of Pennsylvania
County of _____

On this, the ____ day of _____, 20__, before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

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