

Worker's Compensation Insurance Coverage Information

(attach to Building Permit Application and Contractor's Registration)

Note: This form must be notarized in the appropriate location

- A. The Applicant is:
A contractor within the meaning of the Pennsylvania Worker's Compensation Law

Yes

No

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

- B. Insurance Information:

Name of Applicant _____

Federal or State Employee Identification No. _____

Applicant is a qualified self-insurer of worker's compensation.

Certificate attached

Name of worker's compensation insurer _____

Worker's compensation insurance policy no. _____

Certificate attached

Policy expiration date _____

Subscribed and sworn to before me this _____ day of _____, 20____	Signature of applicant _____ Address _____ _____ County of _____ Municipality of _____
Notary Public	

- C. Exemption:
Complete Section (C) if the applicant is a contractor exempted from providing Worker's Compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Worker's 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.

Religious exemption under the Worker's Compensation Law.

Subscribed and sworn to before me this _____ day of _____, 20____	Signature of applicant _____ Address _____ _____ County of _____ Municipality of _____
Notary Public	