

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to Building Permit Application)

A. The applicant is: _____

A contractor within the meaning of the PA Workers' 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 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

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 PA 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.

_____ Religious exemption under the Workers' Compensation Law.

Sworn and subscribed to before me

this _____ day of _____ 20____

Signature of Notary Public

(Seal)

Signature of Applicant

Address: _____

County: _____

Municipality: _____