

Workers' Compensation Insurance Coverage Information
(Attach to Building Permit Application)

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

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:

Sole proprietor or single member limited liability company 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.

Subscribed and sworn to before me this

_____ day of _____, 20__

(Signature of Notary Public)

My commission expires: _____

Print Signature _____

Signature of Applicant _____

Address _____

County of _____

Municipality of _____