

Business Name: _____

Worker's Compensation Insurance Coverage Information

- 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 or C below

If the answer is "no" complete Section C below

B. Insurance Information

- a. Print name of applicant _____
- b. Federal or State Employer Identification Number _____
- c. Applicant is a qualified self-insurer for Worker's Compensation
 - 1. Attach Insurance Certificate
- d. Name of Worker's Compensation Insurer _____
- e. Worker's Compensation Police Number _____
- f. Policy expiration date _____

C. Exemptions

Complete section c if the applicant is a contractor or homeowner claiming exemptions from providing workers compensation insurance. **Exemptions must be notarized.**

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:

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's Compensation Law

Name of Applicant _____ 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 _____ Notary Public