

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