

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is

A contractor within the meaning of the Pennsylvania 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 Pennsylvania's 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.

Subscribed and sworn to before me this

_____ day of _____ 20_____

(Signature of Notary Public)

(Seal)

Signature of Applicant_____

Address_____

County of_____

Municipality of_____