

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No (homeowner)

If the answer is "Yes" complete Sections B and C below as appropriate:

B. Insurance Information

Name of Applicant: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

Federal or State Employer Identification No.: _____

Contractor Registration 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)

Signature of Applicant _____

Address _____

City _____ State _____ Zip _____