



Upper Dublin Township
 801 Loch Alsh Avenue
 Fort Washington, PA 19034
 Phone: 215-643-1600
 Fax: 215-643-8843
 www.upperdublin.net

General Liability & Workers' Compensation Insurance Coverage Form

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

APPLICANT

Is the Applicant a contractor within the meaning of the Pennsylvania Workers' Compensation Law?

- No (homeowner) - Signature: _____
- Yes - please complete all the information below

CONTRACTOR INFORMATION

Company:		Contact:	
Street Address:			
City:		State:	Zip:
Phone:	Cell:	Fax and/or E-mail:	
Federal Employer Identification # or Social Security #:			
PA Home Improvement Contractor #			

INSURANCE COVERAGE INFORMATION

Which of the following applies:

- Contractor has workers' compensation insurance:** Please attach Certificate of Insurance showing general liability and workers' compensation with "Upper Dublin Township" as a certificate holder.
- Contractor is claiming exemption from providing workers' compensation insurance:** Please attach Certificate of Insurance showing general liability with "Upper Dublin Township" as a certificate holder and complete the EXEMPTION section below and have this form notarized.
- Contractor is a qualified self-insurer for workers' compensation:** Please attach Certificate of Insurance showing general liability with "Upper Dublin Township" as a certificate holder.

EXEMPTION

The undersigned swears and 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 Upper Dublin Township
- Religious Exemption under the Workers' Compensation Law

Contractor's Signature: _____ Date: _____

Sworn to and subscribed before me this

_____ day of _____ 20____

 (Signature of Notary Public)