

**Workers' Compensation Insurance Coverage Information**

(attach to building permit application)

- A. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law  Yes  No  
 If "Yes", complete sections 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. \_\_\_\_\_

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)

My commission expires: \_\_\_\_\_

(SEAL)

Signature of applicant \_\_\_\_\_

Address: \_\_\_\_\_

County of: \_\_\_\_\_

Municipality of: \_\_\_\_\_