

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to the building/zoning permit application)

A. The Applicant/Contractor is:

A contractor within the meaning of the Pennsylvania Worker's Compensation Law:

- Yes (please complete Sections B and C below as appropriate and sign the form)
- No (please sign bottom of form under Section C)

B. Insurance Information

Name of Contractor: _____

Federal or State Employer I.D. No: _____

1. Contractor is a qualified self-insurer for worker's compensation

- Certificate Attached, Current Certificate is on record w/Municipality

2. Name of Worker's Compensation Insurer: _____

- Certificate Attached, Current Certificate is on record w/Municipality

C. Exemption

Complete Section C if the Contractor is claiming exemption from providing worker's compensation insurance.

The Undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's Compensation Law for one of the following reasons, as indicated:

- Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Municipality.
- Religious exemption under the Worker's Compensation Law.

Subscribed and sworn to me this _____ day of _____, _____

(Signature of Notary Public)

My commission expires: _____

(seal)

(Signature of Contractor or Applicant)

(printed name)

Address: _____

