

**Worker's Compensation Insurance Coverage Information**

- A. The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law
\_\_\_ Yes \_\_\_ No

If the answer is "yes" complete Section B or C below

If the answer is "no" complete Section C below

B. Insurance Information

- a. Name of applicant
b. Federal or State Employer Identification Number
c. Applicant is a qualified self-insurer for Worker's Compensation
1. Attach Insurance Certificate
d. Name of Worker's Compensation Insurer
e. Worker's Compensation Police Number
f. Policy expiration date

C. Exemptions

Complete section c if the applicant is a contractor or homeowner claiming exemptions from providing workers compensation insurance. Exemptions must be notarized.

The undersigned swears or affirms that he/she is not required to proved workers compensation insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons:

\_\_\_ 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.

\_\_\_ Homeowner who elects to perform all of the work without contracting or hiring others to assist.

\_\_\_ Religious exemption under Worker's Compensation Law

Signature of Applicant

Address

Commonwealth of Pennsylvania, County of

On this, the \_\_\_ day of \_\_\_, 20\_\_\_, before me \_\_\_, the undersigned officer, personally appeared \_\_\_, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal \_\_\_ Notary Public