

**► Workers' Compensation Insurance Coverage Information ◀**

**A. The applicant is**

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

Yes  No

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

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**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. \_\_\_\_\_

Certificate attached

Policy Expiration Date: \_\_\_\_\_

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**C. Exemption – MUST BE NOTORIZED**

*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.**

Homeowner who elects to do all work without contracting or hiring others to assist.

Religious exemption under the Workers' Compensation Law.

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Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

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Commonwealth of Pennsylvania, County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me \_\_\_\_\_,  
*(Notary)*

the undersigned personally appeared \_\_\_\_\_, known to me (or satisfactorily proven)  
*(Signatory)*

to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public