WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law?

☐ Yes ☐ No

If the answer is "yes", complete Sections B, C, D and E below as appropriate.
If the answer is "no", complete Section E.

B. INSURANCE INFORMATION

Name of Applicant: _____

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for worker's compensation.
☐ Check if Certificate is attached.

Name of Worker's Compensation Insurer: _____

Worker's Compensation Insurance Policy Number: _____
☐ Check if Certificate is attached.

Policy Expiration Date: _____

C. Is the applicant using any subcontractor(s) on this project? ☐ Yes ☐ No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Worker's Compensation Act.

D. EXEMPTION: Complete Section D if the applicant is a contractor 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 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 before me this _____ day of _____, 20__

_____
Signature of Notary Public

My commission expires _____

(Seal)

E. SIGNATURE REQUIRED FOR ALL APPLICANTS.

Signature of Applicant _____

Address _____

_____

County _____ Municipality of _____

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