Workers' 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 workers' compensation.
☐ Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' 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 Workers' Compensation Act.

D. Exemption: Complete **Section D** 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 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 Township.

☐ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____, 20__

_____ My Commission expires:_____
Signature of Notary Public

(Seal)

E. Signature required for all applicants

Signature of Applicant _____
Address _____
_____
County _____ Municipality of _____