

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker' 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:
Name of Applicant _____
Federal or State Employer Identification No. _____
Applicant is a qualified self-insurer for Workers' Compensation
_____ Original Certificate attached.
Name of Workers' Compensation insurer _____
Workers' Compensation Insurance Policy No. _____
_____ Original Certificate attached.
Policy Expiration Date _____

C. Exemption... **MUST BE NOTARIZED...**
Complete Section C if the applicant is a contractor or homeowner 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 Worker' 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.
_____ Homeowner who elects to perform all of the work without contracting or hiring others to assist.
_____ Religious exemption under Worker' 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