

**Workers' Compensation Insurance Coverage Information**

(attach to building permit application)

**A. The Applicant is or is contracting with**

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

Yes       No

If the answer is yes, complete Section B or C as appropriate. If no, complete Section D.

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**B. Insurance Information**

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Certificate attached      Policy Expiration Date: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**C. Exemptions – Complete if claiming exemption from providing workers' compensation insurance.**

The undersign swears or affirms that he/she is not required to provide workers' compensation insurance under the provision 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.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to/before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

Printed Name: \_\_\_\_\_

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

My commission expires \_\_\_\_\_

Phone: \_\_\_\_\_

County of: \_\_\_\_\_

(Seal)

Municipality of: \_\_\_\_\_

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**D. Property owner ONLY doing work. No contractors or employees involved. Date: \_\_\_\_\_**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_