

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 _____