

WORKERS COMPENSATION INSURANCE INFORMATION
(ATTACH TO PERMIT APPLICATION)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers Compensation law.

If the answer is "yes", Yes No
 complete sections B and C below

B. Insurance Information

Name Of Applicant _____

Federal Or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation
 Certificate Attached

Name Of Workers Compensation Insurer _____

Workers Compensation Insurance Policy No. _____
 Certificate Attached

Policy Expiration Date _____

C. Exemption

Complete Section C 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 workers' compensation insurance under the provisions 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 of Applicant

Address

(Signature of Notary Public)

County of _____

My commission expires: _____

Municipality of _____