

**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 \_\_\_\_\_