



WORKERS' COMPENSATION INSURANCE INFORMATION
(PLEASE PRINT AND ATTACH TO PERMIT APPLICATION)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation law: _____ Yes _____ No

If the answer is "Yes", complete sections B and C below

Street Address of Permit Application: _____

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Name of Workers' Compensation Insurer _____

Policy Number _____

Policy Expiration Date _____

PLEASE ATTACH CERTIFICATE

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swear 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 worker's compensation law

Signature of Applicant: _____

Print Name of Applicant: _____

Company: _____

Commonwealth of Pennsylvania
County of _____

} SS:

**Sworn and subscribed to before
me this ____ day of _____, 20__**

Notary Public