

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

The applicant is a contractor within the meaning of PA Workers' Compensation Law
 YES NO

If the answer is "yes", complete Sections A and B below as appropriate.

A. Insurance Information

Name of Applicant _____
Federal or State Employer Identification No. _____

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 _____

B. Exemption

Complete this section if 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 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 BOROUGH.**

religious exemption under Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____

(Signature of Notary Public)

Signature of applicant _____

My commission expires:

Address _____

(Seal)
