

**Workers' Compensation Insurance Coverage Information**  
*(attach to building permit application)*

**A. The applicant is**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "no", mark no and sign below on the right.

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

\_\_\_\_\_  
\_\_\_\_\_  
**B. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Notary Public)  
My commission expires: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Signature of applicant)  
Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_