

**CONTRACTORS 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 (Complete Worker's Comp. Affidavit)

If the answer is "yes", complete Section 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 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 the Workers' Compensation Law.

THIS PAGE MUST BE SIGNED BY ALL CONTRACTORS WORKING ON THIS PROJECT

Signature of Applicant _____

Address _____

City _____ State _____ Zip _____