

**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 "yes" complete Sections B and C Below as appropriate.

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**B. Insurance Information**

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for worker' compensation.

( ) Certificate Attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

( ) Certificate attached

Policy Expiration Date \_\_\_\_\_

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**C. Exemption**

Complete Section C. if the applicant is a contractor claiming exemption for proving 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 the law from employing any individual to perform work pursuant to this building permit unless the 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: \_\_\_\_\_

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Signature of applicant \_\_\_\_\_

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

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