

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(Attach to permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law.

YES _____ (complete Sections B & C)

B. Insurance information

Name of Applicant: _____

Business Name: _____

Address: _____

Phone: (_____) _____

Pager/Cell Phone (_____) _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation. Certificate attached

Name of Work Compensation Insurer Workers'

Compensation Insurance Policy # 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 Worker's Compensation Insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons:

_____ Contractor with no employees. Contractor prohibit by law from employing any individual to perform work pursuant to this Permit unless contractor provides proof of insurance to the Township.

_____ Religious exemption under the Workers' Compensation Law.

MUST BE NOTARIZED

Subscribed and sworn to me this

.Day of - _____ 20

My commission Expires: _____

Signature of Applicant

Address

{Seal} County of

Municipality of
