

WORKMEN'S COMPENSATION INSURANCE COVERAGE INFORMATION

To be attach to all zoning permit application

A. The owner is: _____

Will the work described in the permit application be performed by a contractor within the meaning of the Pennsylvania Workmen's Compensation Law? Yes _____ No _____

If the answer is "yes", complete sections B (below) or C (page 2) as appropriate.

If the answer is "no", complete the following:

Signature of Owner _____

Address _____

County of: _____

Municipality _____

Subscribed and sworn to be me
this ____ day of ____ 20 ____

(Signature of Notary Public)

My commission expires _____

(Seal)

B. Insurance Information

Name of Contractor _____

Federal or State Employer Identification No. _____

Contractor is a qualified self-insurer for workers compensation?

Yes _____ (attach certificate)

No: _____ (continue below)

Name of Workmen's compensation Insurer _____

Workmen's Compensation Insurance Policy No. _____

(Attach Certificate)

Policy Expiration Date _____

C. Exemption

Complete Section C if the contractor is claiming exemption from providing workers compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workmen's compensation insurance under the provisions of the Pennsylvania Workers Compensation law for the following reasons, as indicated.

____ Contractor with no employees. Contractor prohibited by law from employing and individual to perform any work pursuant to this permit unless the contractor provides proof of insurance to the Township.

____ Religious exemption under the Workmen's Compensation Law.

Signature of Contractor _____

Address _____

County of: _____

Municipality _____

Subscribed and sworn before me this _____ day of _____ 20____.

(signature of notary public)

My commission expires _____

(Seal)