

Worker's Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers' Law

☐ Yes ☐ No

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

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is qualified self-insurer for workers' compensation.

☐ Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

☐ 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 Borough.

☐ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

____ day of _____ 20____

Signature of applicant:

(Signature of Notary Public)

Address: _____

My commission expires: _____

County of _____

Municipality of _____

(Seal)