

Worker's 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 I.D. 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 \_\_\_\_\_

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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 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: \_\_\_\_\_

(SEAL)

#BD01 (3/05)

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

Address: \_\_\_\_\_

County of: \_\_\_\_\_

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