

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 Section B and C as appropriate.

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B. Insurance Information

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

Federal of State Employer Identification 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 requires to provide workers' compensation insurance under the provisions of Pennsylvania 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 Notary Public)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
Address \_\_\_\_\_

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