Worker's Compensation Insurance Coverage Information

(UCC Building Permit attachment)

Contractor: _____

Job Name: _____ Building Permit Number: _____

A. The Applicant is:
A contractor within the meaning of the Pennsylvania Workers Compensation Law:

YES ☐ NO ☐

If the answer is "YES" see Section B, If "NO" complete Section C below.

B. Insurance Information

You MUST submit a Copy Of your Certificate Of Insurance showing Workers Compensation as a covered policy.
Can be **emailed** to administrator@windsortownshipberkscounty.com;
or **mailed** to:
Windsor Township
110 Haas Road
Hamburg PA 19526

C. Exemption (please print legibly)
I _____ (please print legibly)
do solemnly attest that I will not employ/hire any other persons for the project for which I am seeking a UCC Building permit.

After receipt of the building permit if I employ any other persons I will notify this office and provide proof of worker's compensation coverage within three working days.

I understand that failure to comply will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the Act of June 2, 1915 (P.L. 736), known as The Pennsylvania Worker's Compensation Act, reenacted and amended June 21, 1939, and amended December 5, 1974, and amended July 2, 1993. Act44.

_____
Signature

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

_____
Signature of Notary Public