

**Workers' Compensation Insurance Coverage Information**

- A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law?  
 Yes  No

If the answer is "yes", complete **Sections B, C, D, and E** below as appropriate.  
If the answer is "no", complete **Section E**.

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**B. Insurance Information**

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

Federal or State Employer Identification Number \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

- Check if Certificate is attached.

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy Number \_\_\_\_\_

- Check if Certificate is attached.

Policy Expiration Date \_\_\_\_\_

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- C. Is the applicant using any subcontractor(s) on this project?  Yes  No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

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- D. Exemption: Complete **Section D** 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 worker's compensation insurance under the provisions of the Pennsylvania Worker's 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)

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**E. Signature required for all applicants**

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

Address \_\_\_\_\_

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