

Workers' Compensation Insurance Coverage Information
(Attach to Construction Permit Application)

A. The Applicant is: _____ Date: _____

A Contractor within the meaning of the Pennsylvania Workers' Compensation Law.
____ Yes ____ No

If the answer is "Yes" complete Section B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number: _____

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

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy Number: _____
____ Certificate attached

Policy Expiration Date: _____

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

C. Exemption

The undersigned swears or affirms that he/she is not required 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 the construction permit unless contractor provides proof of insurance.

____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

____ day of _____ 20____.

(signature of Notary Public)

(seal)

(signature of Applicant)

Address

County of: _____

Municipality of : _____