

**WORKMAN'S COMPENSATION INSURANCE VERIFICATION
(Attach to Building Permit Application)**

A. The applicant is:

A "Contractor" within the meaning of the Pennsylvania Workman's Compensation Law.

_____ Yes _____ No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal/State Employer Identification Number _____

Applicant is a qualified self-insurer for workman's compensation.

_____ Certificate Attached.

Name of Workman's Compensation Insurer _____

Workman's Compensation Policy Number: _____

_____ Certificate Attached

Policy Expiration Date: _____

C. Exemption

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

The undersigned swears or affirms that he/she is not required to provide workman's compensation insurance under the provisions of Pennsylvania's Workman's Compensation Law for one of the follow reasons:

_____ 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 workman's Compensation Law.

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

Signature of Notary Public

(Seal)

Signature of Applicant: _____

Address: _____

County of: _____

Municipality: _____