

# PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

## 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 below as appropriate.

## B. Insurance Information

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

\_\_\_\_ **Applicant is a qualified self-insurer for workers' compensation**

*Attach insurance certificate*

\_\_\_\_ **Applicant carries workers' compensation coverage with an insurance company**

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

Workers' Compensation Policy No.: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

*Attach insurance certificate*

## 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 required to provide workers' compensation insurance under the provisions of the Pennsylvania's 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 Township.

\_\_\_\_ **Religious exemption under the Workers' Compensation Law.**

## D. Signature

My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation Insurance as need and verifies that all statements made above are true. **I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act, I must sign this form in front of a notary public.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF LANCASTER

ON THIS, the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, and being authorized to do so, executed this instrument for the purposes contained herein.

IN WITNESS WHEREOF, I hereto set my hand and official seal.



**NOTARY PUBLIC**

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