

Workers' Compensation Insurance-Coverage Information Form
(Attach to Building Permit Application)

A. **Name of Applicant:** _____

Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law? _____ Yes _____ No
If the answer is "yes" complete Sections B & D below as appropriate.
If the answer is "no" complete sections C & D below as appropriate.

B. Insurance Information

Contractor Name: _____
Federal or State Employer Identification Number: _____
Applicant is a qualified self-insurer for workers' compensation
_____ Certificate attached
Name of Workers' Compensation Insurer _____
_____ Certificate attached Policy No. _____ Expiration date _____

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 Pennsylvania's Workers' Compensation Law for one or more of the following reasons, as indicated:

_____ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to Porter Township. Homeowner assumes liability for contractor compliance with this requirement.

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provided proof of insurance to Porter Township.

_____ Religious exemption under Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures

Applicant _____

Address _____

Subscribed, sworn to and acknowledged before me by the above this

_____ day of _____, _____

Notary Public _____