Worker's 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 Worker's Compensation Law?

____Yes ____No

If the answer is "yes" complete Sections B & D below as appropriate.

If the answer if "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 worker's compensation

____Certificate attached

Name of Worker's Compensation Insurer_____

_____Certificate attached Policy Number_____Exp date_____

C. Exemption (complete Section C if the applicant is a contractor claiming exemption from providing worker's compensation insurance).

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Worker's 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 worker's 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 Worker's Compensation Law. All employees of contractor are exempt from worker's 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_____