

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

THIS FORM MUST BE ATTACHED TO ALL APPLICATIONS FOR BUILDING PERMIT

All information must be completed

A. Instructions

If the applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law, **complete Sections B, D and E below.**

If the applicant is a property owner performing his/her own work, a contractor with no employees, or a contractor with employees who claim a religious exemption, **complete Sections C, D & E below.**

B. Insurance Information

Name of Contractor: _____

Federal or State Employer Identification No.: _____

Name of Workers' Compensation Insurer: _____

Policy No.: _____ Expiration Date: _____ **Copy of certificate required**

☐ Applicant is a State approved self-insurer for workers' compensation. **Copy of certificate required**

C. Affidavit of Exemption

The undersigned hereby 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 below:

☐ **Property owner doing own work.** If property owner does hire contractor to perform any work pursuant to this permit, contractor / sub-contractor must provide proof of insurance.

☐ **Contractor with no employees.** Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.

☐ **Contractor with employees who claim a religious exemption under Section 304.2 of the Workers' Compensation Law.** All employees of contractor are exempt from workers' compensation insurance provided that copies of their Certification of Religious Exception (LIBC-14C) forms for EACH EMPLOYEE that will be performing work at the project site, are submitted with this application.

The undersigned hereby swears or affirms that he/she has understands and will comply with the following:

- Any sub-contractors working on this project are also required to complete this form and carry their own workers' compensation coverage.
- The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Law.
- Violation of the Workers' Compensation Law or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by the law.

D. APPLICANT INFORMATION

Name: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____

E. THIS FORM MUST BE NOTARIZED

Subscribed and sworn before me this _____ day of _____, 20_____

Signature of Notary Public _____

My Commission Expires: _____