



Borough of Saint Lawrence

Berks County, Pennsylvania

3540 Saint Lawrence Avenue, Reading, PA 19606-2372

Office: (610) 779-1430 * Fax: (610) 779-9148

Affidavit of Exemption from the Workers Compensation Act

Name of Applicant: _____

Federal EIN, State Employer # or SSN: _____

The undersigned hereby swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Act for one of the following reasons, as indicated:

- Contractor is a sole proprietor, partnership or LLC with no employees.
- Religious exemption under Section 304.2 of the Workers' Compensation Law.
- Contractor is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

The applicant claiming an exemption hereby swears or affirms that he/she has read, understands and will comply with the following:

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Subscribed and sworn to before me this _____ Day of _____ 20____
Day Month Year

Signature of Notary Public

Printed Name

My Commission Expires

(SEAL)