

**EATON TOWNSHIP
Workers' Compensation Insurance
Coverage Information Form**

A. Name of applicant/contractor:

The undersigned affirms that he/she will comply with the provisions of Pennsylvania Workers' Compensation Law:

_____ _____
Yes No

If the answer is "yes", please complete Sections B & D below as appropriate.
If the answer is "no", please complete Sections C & D below as appropriate.

B. Insurance Information

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for workers' compensation.
_____ (Please check)

Name of Workers' Compensation Insurer: _____

Applicant/Contractor shall add the Eaton Township as a workers compensation policy certificate holder. This certificate shall be filed with the Eaton Township. Applicant/Contractor shall notify Eaton Township of the expiration or cancellation of any such policy of insurance or policy certificate within three working days of such cancellation or expiration.

_____ Check if Certificate attached.

Policy number: _____ 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 the

PARCEL ID #

PA Workers Compensation Law for one of the following reasons as indicated:

_____The property owner is doing the work. If the property owner does hire a contractor to perform any work pursuant to the building permit, the contractor must provide proof of workers compensation insurance to Eaton Township. The homeowner assumes liability for the contractor's compliance with this requirement.

_____The contractor has no employees. The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to Eaton Township.

_____The contractor is claiming a religious exemption under the workers compensation law. All employees are exempt from workers compensation insurance (please attach copies of religious exemption letters for all employees.)

D. Signature:

Applicant
Address:

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

Zoning Officer