

WORKERS' COMPENSATION INSURANCE INFORMATION

(Attach to permit application)

A. The applicant is:

A **contractor** within the meaning of the Pennsylvania Workers' Compensation Law

☐

YES

☐

NO

If the answer is "yes", complete Sections B and C below as appropriate.

If the answer is "no", complete Section D only.

B. Insurance Information

Name of Applicant: _____

Federal/State Employer Identification Number: _____

☐

Applicant is a qualified self-insurer for workers' compensation.

☐

Certificate attached

OR

☐

Applicant is insured by:

Name of Workers' Compensation Insurer: _____

Policy Number: _____

Policy Expiration Date: _____

☐

Certificate attached

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

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

☐ Religious exemption under the Workers' Compensation Law.

Signature of Applicant: _____

Address: _____

County: _____

Municipality: _____

Phone #: () _____

Subscribed and sworn to me this _____ day of _____, 20____ .

(Signature of Notary Public)

(My Commission expires)

D. The Applicant is **NOT** a contractor under the Pennsylvania Workers' Compensation Law but is a Resident and/or Homeowner.

☐ I will personally be performing the construction related to the permit for which I am applying.

I, _____ (name of applicant), do solemnly swear that I will not employ/hire any other persons or contractor/sub-contractor for the project for which I am seeking a permit.

After receipt of the permit if I employ any other persons or contractor/sub-contractor I must notify the Upper Salford Township Office and provide proof of workers' compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L. 736), know as The Pennsylvania Workmens' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

Signature of Applicant: _____

Address: _____

County: _____

Municipality: _____

Phone #: () _____

Subscribed and sworn to me this _____ day of _____, 20____ .

(Signature of Notary Public)

(My Commission expires)