



## WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

Date: \_\_\_\_\_

Name of Applicant : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ Zip : \_\_\_\_\_

County of : \_\_\_\_\_ Municipality of : \_\_\_\_\_

### THE APPLICANT IS:

The property owner or lease YES  NO

A contractor within the meaning of the Pennsylvania Workers' Compensation Law YES  NO

If Yes, complete this page, If No, complete form below

Federal or State Employer Identification # : \_\_\_\_\_

Applicant is qualified self-insurer for workers' compensation YES - Certificate attached  NO

Name of Worker's Compensation Insurer : \_\_\_\_\_

Workers' Compensation Insurance Policy # : \_\_\_\_\_

Certificate attached :  Policy Expiration Date : \_\_\_\_\_

(Please print legibly) Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.**

*(If claiming an exemption, fill out form below and have it notarized.)*

### EXEMPTION- (Notary)

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

Contractor with no employees  Religious exemption under the Workers' Compensation Law

Subscribed and sworn to before me this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My Commission expires : \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**(SEAL)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

**Hanover Township, Lehigh County, PA**

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