



## **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**

2202 Grove Road Allentown, PA 18109

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