

Worker's Compensation Insurance Coverage Information

A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law? ___Yes___No
If the answer is "yes", complete **Sections B, C, D and E.** below as appropriate.
If the answer is "no", **complete Section E.**

B. Insurance Information

Name of Applicant: _____

Federal or State Employer Identification No: _____

The applicant is a qualified self-insurer for Workers' Compensation.

_____ Check if Certificate is Attached.

Name of Worker's Compensation Insurer: _____

Workers' Compensation Insurance Policy Number: _____

_____ Check if Certificate is Attached. Policy Expiration Date: _____

C. Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes", the applicant hereby certifies that all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

D. Exemption: Complete Section D 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 building permit unless Contractor provides proof of insurance to Franklin Township.

_____ Religious exemption under the Workers' Compensation Law

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

Signature of Notary Public: _____ My Commission Expires: _____

E. Signature of ALL Applicants: _____

Address: _____

Name of Applicant: _____

Address: _____

Phone: _____ Email Address: _____