

**NOTE: This form MUST be notarized!**

**Form must be returned with original signatures**

**Workers' Compensation Insurance-Coverage Information Form  
(attach to Building Permit Application)**

A. Name of Applicant: \_\_\_\_\_  
Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If the answer is, "yes" complete Sections B & D below as appropriate.

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

B. Insurance Information

Contractor: \_\_\_\_\_  
Name

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation: \_\_\_\_\_ Certificate attached \_\_\_\_\_

Name of Workers' Compensation Insurer: \_\_\_\_\_

\_\_\_\_\_ Certificate Attached    Policy No.: \_\_\_\_\_    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 Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor **must** provide proof of workers' compensation insurance to Preston Township. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ 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 Preston Township.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

D. Signatures

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

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

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

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

(seal)                      \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public