

# MANDATORY WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(Attach to building permit application)

A. The applicant is: ☐ Contractor ☐ Architect ☐ Homeowner ☐ Other \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Federal, state employer or tax identification number: \_\_\_\_\_

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B. The applicant is a contractor within the meaning of the Pennsylvania Workers' compensation law.

☐ Yes If the answer is "Yes", then complete **Section C** below.

☐ No If the answer is "No", then complete **Section D** below.

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C. Insurance information

The applicant is a qualified self-insurer for workers' compensation. ☐ Certificate attached

Name of workers' compensation insurer: \_\_\_\_\_

Workers' compensation insurance policy number (☐ Certificate attached): \_\_\_\_\_

Policy expiration date: \_\_\_\_\_

*The undersigned deposes and says that the information set forth above is true and correct to the best of their knowledge, information and belief of the undersigned and that such is given subject to the penalties of 18 PaC.S., § 4904, relating to unsworn falsification to authorities.*

Signature of applicant: \_\_\_\_\_

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D. Exemption

Complete this section if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

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

☐ Contractor/homeowner with no employees. Contractor/homeowner prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor/homeowner provides proof of insurance as required by **Section C** above.

☐ Religious exemption under the Workers' Compensation Law.

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