Workers' Compensation Insurance Coverage Information

If you are a contractor and have Liability and Worker's Compensation Insurance, please submit a copy of your certificate of insurance delineating both liability and worker's compensation coverage with this application.

If you are a contractor who doesn't have Liability and Worker's Compensation Insurance, or an individual who is doing their own work, please complete this form and have it notarized.

| Commonwealth of Pennsylvania | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| County of | |
| Iaffirm that I am n compensation insurance under the provisions of Pe for one of the following reasons, as indicated: | ot required to provide workers' ennsylvania's Workers' Compensation Law |
| ☐ Property owner performing own work. If property owner performing own work. If property work pursuant to building permit, contractor much insurance to the municipality. Homeowner assume with this requirement. | ust provide proof of workers' compensation |
| ☐ Contractor with no employees. Contractor principle individual to perform work pursuant to this built proof of insurance to the township. | |
| ☐ Religious exemption under the Workers' Comp | pensation Law. |
| | Signature |
| Sig | ned and sworn to (or affirmed) before me on |
| | , day of, 20 |
| | (Signature of Notary Public) |

(Seal)