

**WORKERS COMPENSATION VERIFICATION FORM**

A. The Applicant is a Contractor within the meaning of the Pennsylvania Workers Compensation Law:

Yes                       No

If the answer is "YES", complete Sections B and C below as appropriate.

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**B. INSURANCE INFORMATION:**

Name of Applicant \_\_\_\_\_

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

Applicant is a qualified self-insurer for Workers Compensation.

Name of Workers Compensation Insurer \_\_\_\_\_

Workers Compensation Insurance Policy No. \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

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**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 Workers Compensation Law for one of the following reason, 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 the Township.

Religious exemption under Workers Compensation Law.

\_\_\_\_\_  
Applicant Name-Please Print Clearly

\_\_\_\_\_  
Address

\_\_\_\_\_  
City,State,Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me this  
day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature of Notary Public  
My Commission Expires: \_\_\_\_\_

(SEAL)