

# WORKERS' COMPENSATION INSURANCE COVERAGE

(attach to building permit application)

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INSURANCE INFORMATION

Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes (I do have employees who are covered for Workers' Compensation Insurance)

If "Yes", please complete the information requested below

Applicant is a qualified self-insurer for Workers' Compensation

Insurance certificate attached and/or on file in office  
*White Township must be listed as certificate holder on the certificate*

Certificate verified by Township staff Initials \_\_\_\_\_ Date \_\_\_\_\_

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

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

No (I do have employees and do not carry Workers' Compensation Insurance)

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

## EXEMPTION

Complete this section if applicant is a contractor claiming exemption from providing Workers' Compensation Insurance

Property owner performing own work/acting as contractor

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 the Worker's Compensation Law

## NOTARIZATION - to be completed only if claiming an exemption

(Information in this section to be completed in the presence of a Notary Public)

I, \_\_\_\_\_, the above named applicant, do swear that the

PRINT NAME

foregoing information is true and correct, and affix my signature hereto in the presence of a Notary Public.

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

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

\_\_\_\_\_  
(Signature of Notary Public)

(Seal)

**Commonwealth of Pennsylvania  
County of Indiana  
Municipality of White Township**