

**AFFIDAVIT
MUST BE NOTARIZED**

WORKERS' COMPENSATION INSURANCE COVERAGE

A. _____
NAME OF APPLICANT

Street	City	Zip	State	Phone
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B. 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' Comp. Insurance).

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

If you answered "Yes", please complete the information requested below:

Applicant is a qualified self-insurer for Workers' Compensation

Insurance Certificate attached.

Name of Workers Compensation Insurer _____;.

If you answered "No", please complete the exemption portion of this form below.

C. EXEMPTION (Complete this section if applicant is a contractor claiming exemption from providing Workers' Compensation Insurance).

Contractor with no employees. (Contractor prohibited by law from employing any individual to perform work pursuant to any building permit unless contractor provides proof of insurance to the Township).

D. NOTARIZATION

ALL APPLICANTS TO COMPLETE THIS SECTION.

I, _____, the above named applicant, do swear that the foregoing information is true and correct, and affix my signature hereto in the presence of a Notary Public.

Subscribed & sworn to before me this _____ day of _____, 200

Signature of Applicant

(Signature of Notary Public)

My commission expires: _____