

# WORKERS' COMPENSATION INSURANCE COVERAGE

1. In compliance with Act 44 of 1993, the Applicant for the annexed Building Permit hereby submits the following:

- Certificate of Insurance (Complete Section II and attach Certificate)
- Certificate of Self-insurance (Complete Section III and attach Certificate)
- Affidavit of Exemption (Complete Section IV, A or B, and Section V)

## 2. Insurance Information

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Federal/State Employer's Identification No.: \_\_\_\_\_

Workers' Compensation Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_

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

## 3. Self-Insurer Information

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Federal/State Employer's Identification No.: \_\_\_\_\_

## 4. Exemption

### a. Contractor's Exemption

The undersigned claims that (s) he is not required to provide Workers' Compensation under the provisions of the Pennsylvania Workers' Compensation Act for the cited reason:

- Contractor with no employees
- Contractor is a Partnership or Corporation, and the only persons to work on the project are qualified as "executive employees" under Section 104 of the Workers' Compensation Act.
- Contractor claims an exemption on religious grounds under Section 304.2 of the Workers' Compensation Act.

### b. Property Owner's Exemption

- Property owner claims an exemption on the grounds that (s) he/they will be performing all work on this Project, and that no outside contractors/parties will be employed.

**5. Affidavit**

I/We, the undersigned, hereby do swear and affirm that the foregoing information, submitted in support of my/our application to Cumru Township for a Building permit, is true and correct in all respects, and that the claim for exemption from the requirements of the Pennsylvania Workers' Compensation Act is founded upon the applicable section as specified.

\_\_\_\_\_  
\_\_\_\_\_

S.S. Commonwealth of PA}  
County of Berks}

Before me, the undersigned Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, Personally appeared \_\_\_\_\_ to me known, whom being duly sworn according to law, deposes and says that (S) he/they examined the foregoing statements, and verify that (s) he/they are true.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_

1. It shall be the sole responsibility of the Contractor/General Contractor to insure that any Subcontractors, employed on the Project for which this Application is made, themselves are in full compliance with the requirements of act 44 of 1993.
2. The Contractor/Policyholder shall notify the Municipality of any changes in the status, the cancellation or the expiration of workers' compensation coverage.
3. Violation of the provisions of the Pennsylvania Workers' Compensation Act, or the terms of this Permit will subject the Contractor/Policyholder to a STOP WORK Order, and other fines and penalties as provided by law.