



A. The Applicant is a contractor within the meaning of the Pennsylvania Workers Compensation Law?

YES If Answered Yes Complete Section B below

NO If Answered No Complete Section C below

Section B Insurance Information	
Applicant Name	_____
Federal or State Employer Identification Number	_____
Applicant is a qualified self-insurer for workers compensation	Certificate attached
Name of Workers Compensation Insurer	_____
Workers Compensation Insurance Policy Number	_____
Certificate attached	
Policy Expiration Date:	_____

Section C Exemption
<p>I _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building permit.</p> <p>After receipt of the building permit if I employ any other persons I will notify this office and provide proof of workers' compensation coverage within three (3) working days.</p> <p>I understand that failure to comply will result in a STOP WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e) (4) of the act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. Act 44</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>