

**AFFIDAVIT  
WORKERS COMPENSATION INSURANCE COVERAGE  
MUST BE NOTARIZED ATTACH TO PERMIT APPLICATION**

Pursuant to Act 44, Commonwealth of Pennsylvania, effective Tuesday 31 August 1993, NO BUILDING PERMIT SHALL BE REVIEWED, NOR SHALL ANY BUILDING PERMIT BE ISSUED, unless and until the application has provided such information as the Law shall require. All building contractors shall be bound by said requirements except those specifically exempted by the Act.

A "STOP WORK" ORDER shall be issued upon verification that insurance coverage is lacking, was misrepresented upon application or has been cancelled or revoked for due cause by the carrier of said insurance.

"PROOF OF INSURANCE" shall mean that a certification of insurance demonstrating current coverage and compliance with ACT 33 rests with the contractor and his carrier. Religious exemption is provided within the Act. The contractor with no employees is likewise exempt. A property owner doing his own work is also exempt. ALL others MUST provide proof of insurance.

A contractor who does not employ other individuals shall complete an affidavit and submit it with each building permit. An affidavit, by statutory definition, must be notarized.

**A. NAME OF APPLICANT:** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Federal/State Employer Identification Number: \_\_\_\_\_

**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' Compensation Insurance

**NO** \_\_\_\_\_ I do not have employees and do not carry Workers' Compensation Insurance

**If YES:** \_\_\_\_\_ Applicant is a qualified self-insurer for Workers' Compensation

\_\_\_\_\_ Insurance Certificate attached.

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

Insurance Certificate attached. \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

**C. Is Applicant using any subcontractors on this project?**  YES  NO

**D. EXEMPTION:** *Complete this section 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 the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

1. 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.*

2. Religious Exemption under the Workers' Compensation Law.

**NOTARIZATION** Required for ALL Applicants

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 and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_