

# CONEWAGO TOWNSHIP

## Workers' Compensation Insurance Coverage Information

(attach to building permit application)

**A. The Applicant** Name \_\_\_\_\_

Address \_\_\_\_\_

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes  No

If answer is "yes" complete Sections B , C and D below as appropriate.

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### B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

Certification Attached

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

Workers' Compensation Insurance Policy No. \_\_\_\_\_

Certification Attached

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

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### C. Exemption

Complete Section C 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 Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

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 Workers' Compensation Law

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### D. Certification

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

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

Address \_\_\_\_\_

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

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

County of \_\_\_\_\_

( Seal)

Municipality/Township \_\_\_\_\_