

**Workers Compensation Insurance Coverage Information**

**Exemption Affidavit Form**

**This Form Is Required To Be Notarized**

**A. The applicant is:**

- A contractor within the meaning of the Pennsylvania Workers Compensation Law.
- A contractor with no employees or a contractor with employees who claim a religious exemption.

**B. Insurance Information:**

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

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

Applicant is a qualified self-insurer for Workers Compensation \_\_\_\_\_ Certificate Attached

Name of Workers Compensation Insurer \_\_\_\_\_ Certificate Attached

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

**C. Exemption:** *(Complete if 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 PA 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 Municipality.
- Religious exemption under the Workers Compensation Law.

**The undersigned applicant verifies that the facts set forth in Sections A, B and C above are true and correct to the best of my knowledge, information, and belief. I further understand that the said statements herein are made subject to the penalties of 18 Pa.C.S.A., Section 4904, relating to unsworn falsification to authorities.**

**Notary:**

Commonwealth of Pennsylvania

County of Delaware

Subscribed and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

Municipality Of: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

**Applicant:**

Print Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_