

EAST DONEGAL TOWNSHIP

Workers' Compensation Insurance Coverage Information

(attach to zoning permit application)

A. The applicant is

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

Yes No

If the answer is "yes", complete Sections B and/or C below as appropriate.

2. A homeowner Yes No

*Note: If you are a homeowner applying for a Zoning Permit on behalf of a contractor, the contractor must complete this form and provide any required documentation.

B. Insurance Information

Name of Applicant Phone#

Federal or State Employer Identification No.

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

Certificate attached

Name of Workers' Compensation Insurer

Phone #

Workers' Compensation Insurance Policy No.

Certificate attached

Policy Expiration Date

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.

Subscribed and sworn to before me this

day of 20

(Signature of notary public)

Cty commission expires:

SIGNATURE OF APPLICANT ADDRESS

COUNTY OF MUNICIPALITY OF

(SEAL)