

Washington Township, Lehigh County

7951 Center Street, Emerald, PA 18080
Phone: 610-767-8108 FAX: 610-767-0635

Pennsylvania Workers' Compensation Insurance Coverage Information Form

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. Are you the homeowner/property owner performing the work (as requested in this application) yourself?

- No – go to question #2
- Yes – read this exemption statement, sign to indicate your understanding and submit this form with your application “Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project”.

Signature: _____ Date: _____

2. Are you the contractor hired by the homeowner/property owner to perform the work as requested in this application?

- Yes – complete Section A & B
- No – please explain: _____

A. Name of Company: _____

Contact Person: _____ Phone: _____

Address of Company: _____

Federal or State Employee Identification #: _____

Please select one of the following options:

- Applicant is a qualified self-insurer for workers' compensation
 - √ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- Applicant is exempt from providing workers' compensation insurance because:
 - The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.
 - All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

Will you be using any subcontractor(s) on this project? No Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

Name of Subcontractor(s): _____

Subcontractor's Phone No. _____

B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true.

Signature: _____ Date: _____

I understand that failure to comply will result in a STOP-WORK ORDER being issued and that such order may not be lifted until proper coverage is obtained, as provided by Section 203 (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).

Address of Job _____