

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
Addendum to Application for Building Permit

I. Applicant Information

Name _____

Address _____
Number, Street, City, State, Zip Code

Federal or State Employer Identification Number _____ Telephone No. _____

- A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law
[] Yes [] No If the answer is "Yes", complete sections II and III below, as appropriate.
B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
[] Yes [] No

Note: Applicant must have this form notarized; see section IV below.

II. Insurance Information

- A. Applicant is a qualified self-insurer for Workers' Compensation.
[] Yes [] No
B. Applicant subscribes for Workers' Compensation Insurance.
[] Yes [] No If the answer is "Yes", furnish the information below:

Workers' Compensation Insurer's Name _____

Insurer's Address _____
Number, Street, City, State, Zip Code

Applicant's Policy Number _____ Policy Expiration Date _____

Note: West Nottingham Township must be named as an additional insured on all Certificates of Workers' Compensation and/or on all Certificates of Qualified Self-Insurance.

III. Exemption

Complete this section only 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 Workers' Compensation Law for one of the following reasons, as indicated:

- [] Applicant has no employees.
[] Applicant claims religious exemption under the Workers' Compensation Law.

If West Nottingham Township receives notice that the holder of this building permit, who has filed for an exemption from the Workers' Compensation Insurance, has hired persons to perform work in connection with this permit, and has not obtained the required insurance and notified this Township with the required information, then this Township shall issue a stop work order. The stop work order shall remain in effect until insurance coverage is obtained and this Township receives the proper documentation.

Applicant's signature below indicates that Applicant understands and accepts the requirements of this form.

Applicant's signature

IV. Notarization

STATE OF PENNSYLVANIA COUNTY OF CHESTER

Subscribed and sworn to, before me, on this _____ day of _____, 199 ____.

Notary Public's signature

(SEAL)

My commission expires: _____

Required attachments: Application for Building Permit
Self-Insurer's or Insurer's Certificate of Insurance