



**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**  
**(Attach to building permit application)**

**A. THE APPLICANT IS:**

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

\_\_\_\_\_ YES – complete Sections B and C below as appropriate

\_\_\_\_\_ NO - explain:

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**B. INSURANCE INFORMATION:**

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

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

Applicant is a qualified self-insurer for workers' compensation

\_\_\_\_\_ Certificate attached.

**OR**

Name of Workers' Compensation insurer \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_\_\_ Certificate attached.

**C. EXEMPTION:**

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

By initialing, the undersigned swears that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Contractor with no employees

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law

**D. SUBCONTRACTORS**

*By signing this form, contractor is certifying that no additional employees or subcontractors may be hired for this work without showing proof of additional insurance coverage and contractor further accepts any and all liability for any subsequent activities on the premises for which he has obtained a building permit application including but not limited to, the requirement to carry worker's compensation insurance coverage on all subcontractors and all employees. Contractor has been provided a copy of the worker's compensation law regarding the duty to require worker's compensation insurance coverage on all subcontractors and all employees. Contractor further understands and agrees that Carroll Township has no duty, responsibility or liability, in any way, for contractor failure to obtain or produce insurance coverage on said additional employees or subcontractors.*

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

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

Signature of applicant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
County of \_\_\_\_\_  
Municipality of \_\_\_\_\_