

Westtown Township

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Mandatory Workers Compensation Form

This form is to be completed and submitted with all building permit applications. Any building permit submitted without a copy of this form will not be accepted.

A. Applicant: Owner Contractor Architect Other: _____

Name: _____

B. The applicant is a contractor within the meaning of the Pennsylvania Workers' compensation law.

Yes (If "Yes" then complete **Section C** below)

No (If "No" then complete **Section D** below)

C. Insurance Information

Name of workers comp. insurer: _____

Workers compensation insurance policy no.: _____ Certificate Attached

Policy Expiration Date: ____/____/____

The undersigned deposes and says that the information set forth above is true and correct to the best of their knowledge, information and belief of the undersigned and that such is given subject to the penalties of 18 Pa.C.S., § 4904, relating to unsworn falsification to authorities.

The applicant is a qualified self-insurer for workers compensation. Certificate Attached

Signature of Applicant: _____

D. Exemption

Complete this section if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersign swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor/homeowner with no employees. Contractor/homeowner prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor/homeowner provides proof of insurance as required by **Section C** above.

Religious exemption under the Workers' Compensation Law.