

YARDLEY BOROUGH

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION (ATTACHMENT TO BUILDING PERMIT APPLICATION)

A.) APPLICANT INFORMATION:

APPLICANT NAME _____

APPLICANT ADDRESS _____

B.) THE APPLICANT IS:

A CONTRACTOR ☐ YES ☐ NO

THE HOMEOWNER ☐ YES ☐ NO

IF THE APPLICANT IS A CONTRACTOR, HE OR SHE MUST COMPLETE SECTIONS C AND D BELOW AS APPROPRIATE. NOTE SECTION D MUST BE **NOTARIZED**.

IF THE APPLICANT IS THE HOMEOWNER, AND WILL PERFORMING THE WORK, HE OR SHE MUST COMPLETE SECTION D BELOW. NOTE: SECTION D MUST BE **NOTARIZED**. IF THE APPLICANT IS THE HOMEOWNER AND WILL NOT BE PERFORMING THE WORK, HE OR SHE MUST FORWARD THE APPLICATION TO THE CONTRACTOR WHO WILL BE DOING THE WORK.

C.) INSURANCE INFORMATION

NAME OF APPLICANT _____

FEDERAL OR STATE EMPLOYER IDENTIFICATION NO. _____

APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKERS COMPENSATION.

☐ CERTIFICATE ATTACHED

OR

NAME OF WORKERS COMPENSATION INSURER _____

WORKERS COMPENSATION INSURANCE POLICY NO. _____

☐ CERTIFICATE ATTACHED (CERTIFICATE MUST NAME YARDLEY BOROUGH A POLICY HOLDER)

POLICY EXPIRATION DATE _____

D.) COMPLETE SECTION D "WORKERS COMPENSATION AFFIDAVIT". ON THE REVERSE SIDE OF THIS PAGE. IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE OR A HOMEOWNER WHO WILL BE PERFORMING THE WORK WITHOUT HIRING ANY INDIVIDUAL OR SUB-CONTRACTOR.

YARDLEY BOROUGH

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION (ATTACHMENT TO BUILDING PERMIT APPLICATION)

WORKERS COMPENSATION AFFIDAVIT

I _____ DO SOLEMNLY SWEAR THAT I WILL NOT EMPLOY/HIRE ANY OTHER PERSONS FOR THE PROJECT FOR WHICH I AM SEEKING A BUILDING PERMIT.

AFTER RECEIPT OF THE BUILDING PERMIT IF I EMPLOY ANY OTHER PERSONS I MUST NOTIFY THE BOROUGH OFFICE AND PROVIDE PROOF OF WORKERS' COMPENSATION COVERAGE WITHIN THREE WORKING DAYS.

I UNDERSTAND THAT FAILURE TO COMPLY WILL RESULT IN A STOP-WORK ORDER AND THAT SUCH AN ORDER MAY NOT BE LIFTED UNTIL PROPER COVERAGE IS OBTAINED. AS PROVIDED BY SECTION 302(E) (4) OF THE ACT OF JUNE 2, 1915 KNOWN AS THE PENNSYLVANIA WORKMENS' COMPENSATION ACT, REENACTED AND AMENDED JUNE 21, 1939 AND AMENDED DECEMBER 5, 1974 AND AMENDED JULY 2, 1993.

APPLICANT SIGNATURE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

20 _____

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

(SEAL)