

Property Address: _____

Permit No. _____

Workers' Compensation Information Form

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

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

☐ Property owner is performing their own work. If property owner does hire a contractor to perform any work pursuant to the building permit, contractor must provide proof of workers' compensation insurance to the municipality. Building owner assumes liability for contractor compliance with this requirement.

☐ Contractor has no employees. 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.

☐ Religious exemption under the Workers' Compensation law. All employees of contractor are exempt from workers' compensation insurance. (Attach copies of religious exemption letters for all employees).

☐ Use this form when applicable to part "C" on the workers' compensation form.

Applicant Name – *Please Print Clearly*

Subscribed and sworn before me this

Address

_____ day of _____, 20____

City, State, Zip

Signature of Notary Public

County

My Commission Expires:

Municipality

Signature of Applicant

(SEAL)

MUST BE NOTARIZED