

East Caln Township

Chester County, Pennsylvania

Worker's Compensation Insurance Coverage Information

(This form must be completed & attached to Contractor Registration)

Pennsylvania Act 44 requires that any person working on a construction project be protected by Worker's Compensation Insurance. This form must be completed, notarized and accompany the application.

SECTION 1: The Applicant

- ❶ The Applicant is a Contractor within the meaning of Pennsylvania Worker's Compensation Law.
 Yes (complete Sections 2 & 3 below)
 No
- ❷ The Applicant is the homeowner and will work on the property solely.
 Yes (complete Section 3 below)
 No (have an authorized contractor apply for the permit)

SECTION 2: Insurance Information

Name of Applicant: _____
Federal or State
Applicant is a qualified self-insurer for Worker's
Employee Number: _____ Compensation: Yes No
Name of Worker's Compensation
Insurance Company: _____
Worker's Compensation Insurance
Policy Number: _____
Expiration date of Insurance: _____

SECTION 3: Exemption Waiver

- The contractor has no employees.** [Note: Contractor is prohibited by Law from employing any individual to perform work pursuant to this building permit unless proof of insurance is provided to the Municipality.
- Contractor meets religious exemption.**
- Property owner is contractor** and will not have employees or other qualified persons work at the site pursuant to the building permit.

Signature of Applicant:	Subscribed & sworn to before me on this: _____ day of _____, 20____
Address:	
Phone:	Signature of Notary _____ Seal
Date:	County of _____