

HORSHAM TOWNSHIP

Department of Code Enforcement

1025 Horsham Road • Horsham, PA 19044 • P: (215) 643-3131 • F: (215) 643-0448



WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

(attached to Permit Application)

A. THE APPLICANT IS a contractor within the meaning of the Pennsylvania Worker' Compensation Law.

YES NO *If the answer is "yes", complete Sections B and C as appropriate.*

B. INSURANCE INFORMATION

Name of Applicant: _____

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for Workers Compensation. ____ Certificate attached

Name of Workers Compensation Insurer: _____

Workers Compensation Insurance Policy Number: _____
____ Certificate attached

Policy Expiration Date: _____

C. EXEMPTION.... MUST BE NOTARIZED...

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

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

_____ **Contractor with no employees.** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.

_____ **Homeowner** who elects to perform all of the work without contracting or hiring others to assist.

_____ **Religious exemption** under the Workers' Compensation Law.

Signature of applicant: _____

Address: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS:
____ DAY OF _____

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

(SEAL)

APPLICANT SIGNATURE: _____
ADDRESS: _____

COUNTY OF: _____

MUNICIPALITY OF: _____