

**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 reason, 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.

Applicant: \_\_\_\_\_  
(Signature) (Print Name)

Address: \_\_\_\_\_  
(Street Address) (City, State & Zip Code)

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Commonwealth of Pennsylvania**  
**County of Montgomery**

\_\_\_\_\_  
Signature of Notary