WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is: A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes_____ No_____   If the answer is "yes," complete Sections B and C below as appropriate. If applicant is the property owner, complete Section D.

B. Insurance Information: Name of Applicant_____

Company (Name & Address)_____ Federal ID No. _____
Applicant is a qualified self-insurer for workers' compensation.   Yes   No
                                                  Certificate naming Borough attached
                                                  Certificate naming Borough to be forwarded

Name of   Workers' Compensation Insurer _____
Policy No. _____   Certificate naming Borough attached
                                                  Certificate naming Borough to be forwarded

C. Contractor Exemption: 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 Workers' Compensation Law for one of 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 Borough**.

Religious exemption under the Workers' Compensation Law.

D. Owner Exemption: Complete Section D if property owner is doing construction.

The undersigned swears or affirms that he/she is the property owner and will not allow any contractor to perform work pursuant to this building permit unless contractor provides proof of worker compensation insurance to the Borough.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Whitehall Borough Code, Chapter 78, Article II.

Subscribed and sworn to before me this   Print Name_____

_____day of _____ 20_____   Signature_____

(Signature of Notary Public) _____   Address_____

County of_____   _____

My commission expires:_____   Date_____