

EAST NOTTINGHAM TOWNSHIP
WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION
Addendum to Application for Building Permits

I. Applicant Information

Name _____

Address _____

A. Applicant is contractor within the meaning of the Pennsylvania Worker's Compensation Law.

YES (Complete Sections II, III, IV, V, and VI below as appropriate)

NO (Complete Sections IV, V and VI below)

B. Applicant has hired or intends to hire a contractor within the meaning of the PA Workers' Compensation Law.

YES NO Complete Sections IV, V and VI below

II. Applicant's Federal or State Identification Number _____

III. Insurance Information

If Applicant is a qualified self-insurer to Workers' Compensation, attach Certificate of Insurance to this Addendum.

If Applicant subscribes for Worker's compensation Insurance:

Name and address of Workers' Compensation Insurer _____

Policy Number: _____ Policy Expiration Date: _____

ATTACH CERTIFICATION OF INSURANCE TO THIS ADDENDUM

Note: East Nottingham Township must be named as an additional insured on all Certificates of Workers' Compensation and/or on all Certificates of Qualified Self-insurance.

IV. Exemption

This Section to be completed ONLY if 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 provision of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Applicant is property owner and doing own work.

Applicant has no employees.

Applicant claims religious exemption under the Workers' Compensation Law.

NOTE: In the event that East Nottingham Township receives verification that a building permittee who has filed an affidavit of exemption from Workers' Compensation has hired employees to perform work in connection with the building permit and has not obtained the required insurance and provided East Nottingham Township with the requisite information, East Nottingham Township shall issue a stop work order. Such stop work order shall remain in effect until proper Workers' Compensation coverage is obtained and proper documentation is received by East Nottingham Township.

V. Applicant's signature below indicates that Applicant understand and accepts the requirements of this form.

Applicant's Signature

VI. Notarization

STATE OF PENNSYLVANIA

COUNTY OF CHESTER

Subscribed and sworn to, before me on this _____ day of _____, 2007.

Notary Public

(Seal)

My Commission expires: _____