

WORKERS' COMPENSATION EXEMPTION

Please complete the following information 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 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 township.
- Religious exemption under the Workers' Compensation Law

VERIFICATION

COMMONWEALTH OF _____ :
COUNTY OF _____ :

I, _____, swear or affirm and verify that the statements made in the foregoing pleading are true and correct to the best of my knowledge, information, and belief.

Date

SIGNATURE OF APPLICANT
(To be signed in the presence of a Notary)

Sworn to and Subscribed
Before me this _____ Day of _____, 20____

NOTARY PUBLIC