

Marlborough Township

Workers' Compensation Insurance Coverage Information

A. Is the applicant within the meaning of the Pennsylvania Workers' Compensation Law?

Yes No

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for Workers' Compensation.

Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

Check if Certificate is attached.

Policy Expiration Date _____

C. Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes," the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

D. Exemption: Complete Section D 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 the 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 the building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this ____ day of _____, 20__

Signature of Notary Public

(Seal)

My commission expires: _____

E. Signature required for all applicants

Signature of applicant _____

Address _____ County _____

_____ Municipality of _____