

**Schuylkill Township**  
**Workers' Compensation Insurance Coverage Information – Affidavit**  
(Attach to "Contractor Information" or "Contractor Registration" form)

Pursuant to Act 44, Commonwealth of Pennsylvania, effective Tuesday 31 August 1993, NOT BUILDING PERMIT APPLICATION SHALL BE REVIEWED, NOR SHALL ANY BUILDING PERMIT BE ISSUED, unless and until the application has provided such information as the Law shall require. All building contractors shall be bound by said requirements except those specifically exempted by the Act.

A "STOP WORK" ORDER shall be issued upon verification that insurance coverage is lacking, was misrepresented upon application or has been cancelled or revoked for due cause by the carrier of said insurance.

"PROOF OF INSURANCE" shall mean that a certification of insurance demonstrating current coverage and compliance with ACT 33 rests with the contractor and his carrier. Religious exemption is provided within the Act. The contractor with no employees is likewise exempt. A property owner doing his own work is also exempt. ALL other MUST provide "proof of insurance."

A contractor who does not employ other individuals shall complete an affidavit and submit it with each building permit. An affidavit, by statutory definition, must be notarized.

The applicant is a "contractor" within the meaning of the Pennsylvania Workers' Compensation Law:

A. \_\_\_\_\_ YES \_\_\_\_\_ NO  
If answered "yes", Complete Sections B & C below. If "no", complete sections C & D.

**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: \_\_\_\_\_

Certificate Attached: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

**C. Is the applicant using any subcontractor(s) on this project? Yes \_\_\_\_\_ NO \_\_\_\_\_**

**D. Exemption;**

Complete this section 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:

1. 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.
2. Religious exemption under the Workers' Compensation Law.

Signature required for ALL applicants:

**NOTE: THIS FORM MUST BE NOTARIZED**

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

(signature of Notary Public)

My commission expires \_\_\_\_\_