

NORTH WHITEHALL TOWNSHIP---ZONING OFFICE

3256 LEVANS ROAD, COPLAY, PA 18037 ❖ 610-799-3411 ❖ FAX: 610-799-9629

HOURS: 7:30am – 4:00pm, Monday – Friday

PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION/EXEMPT FORM

PLEASE READ CAREFULLY THE DIRECTIONS BELOW BEFORE FILLING OUT THIS FORM.

DIRECTIONS: Please complete all sections as they pertain to your status with the PA Workers' Compensation Insurance Law. This form is for claiming an exemption and must be signed in **front of a notary public**. **A building permit will not be issued by North Whitehall Township until this form is completed.** Please note that if an exemption is claimed, this form will only be maintained in the North Whitehall Township records for one year after the building permit is issued. It is the responsibility of the contractor to renew this insurance form yearly. If the contractor attaches a certificate of insurance, the contractor must notify their insurance company that North Whitehall Township is to be named as a policy certificate holder.

1. The Contractor for this building permit, in compliance with ACT 44 of 1993, hereby submits:

Affidavit of **Exemption which must be signed in front of a Notary Public.**

2. **Name of Contractor:** _____

Title of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Email: _____

3. **EXEMPTION:**

The Contractor for this building permit is a sole proprietorship without employees.

Please be aware of the following requirements under the Pennsylvania Workers' Compensation Act:

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named as a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The Contractor/Policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. **Violation of the Workers' Compensation Act or the terms of this permit will be subject to the Contractor/Policyholder to a stop-work order and other fines and penalties as provided by law.**

Subscribed and sworn to before me this _____ day of _____

My signature on behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 PA C.S.A. §4904, relating to unsworn falsifications to North Whitehall Township Authorities.

Signature

Date

(Signature of Notary Public)

Name (Please Print)

My Commission expires: _____

Title

Name of Company