

SANDY TOWNSHIP WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. PERSON OR COMPANY PERFORMING THE WORK:

Is the person or company performing the herein described work considered a contractor within the meaning of the Pennsylvania Workers' Compensation Law?

_____ YES - complete part B of this form

_____ NO -- complete part C of this form

B. INSURANCE INFORMATION:

Name of Contractor _____

Federal or State Employer Identification No.(EIN) _____

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Policy Expiration Date _____

PLEASE ATTACH A COPY OF THE CERTIFICATE OF INSURANCE

Contractor is a qualified self-insurer for Workers' Compensation _____

PLEASE ATTACH A COPY OF THE CERTIFICATE OF INSURANCE

I certify that the above information is true and correct

(Signature of Contractor)

(Date)

C. EXEMPTION:

_____ All work to be completed by owner - not a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

_____ Religious exemption under the Pennsylvania Workers' Compensation Law.

_____ Contractor with no employees.

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a Building Permit.

If, after receipt of this Building Permit, I employ any other persons I will notify the Sandy Township Zoning Officer and provide proof of Workers' Compensation Insurance within three (3) working days.

I understand that failure to comply will result in a **STOP WORK ORDER** and that such order may not be lifted until I obtain proper coverage as provided by Section 302(e)(4) of the Act of June 2, 1915 (P.L. 736) known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939, December 5, 1974 and July 2, 1993.

(Signature of Applicant)

Subscribed and sworn to before me this

____ Day of _____ 20____

(Signature of Notary Public)