

# 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

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## B. INSURANCE INFORMATION:

Name of contractor \_\_\_\_\_

Federal or State Employee 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)

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## 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  
**(PLEASE ATTACH COPY OF PENNSYLVANIA LABOR & INDUSTRY APPROVAL LETTER)**

\_\_\_\_\_ 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 the Applicant)

\_\_\_\_\_  
(Date)