

TOWNSHIP OF MIDDLETOWN
DELAWARE COUNTY, PENNSYLVANIA
(610)-565-2700 FAX (610) 566-3640
27 N. PENNELL ROAD, P.O. BOX 157, LIMA, PA 19037-0157

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Workers Compensation Law.

Yes No

If the answer is "yes," complete Section B or C below.

If the answer is "no" complete Section C below.

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for Workers Compensation

Original Certificate attached.

Name of Workers Compensation insurer: _____

Workers Compensation Insurance Policy No.: _____

Original Certificate attached.

Policy Expiration Date: _____

C. Exemption.... Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' Compensation insurance. The undersigned states that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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 this building permit unless contractor provides proof of insurance to the Township.

Homeowner who elects to perform all of the work without contracting or hiring others to assist.

Religious exemption under Workers Compensation Law.

Print name: _____

Signature of Applicant: _____ Date: _____

Address: _____