

**PENN TOWNSHIP
WORKERS' COMPENSATION INSURANCE
COVERAGE INFORMATION**

I. Applicant Information

Name: _____

Address: _____

A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
_____ Yes (Complete Sections II, III, IV, V and VI below as appropriate)

B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
_____ Yes (Complete Sections II, III, IV, V and VI below)

C. Applicant is property owner and doing own work.
_____ Yes (Complete Section V below)

II. Contractor's Federal or State Identification Number: _____

III. Insurance Information

If contractor is a qualified self-insurer for Workers' Compensation, attach Certificate of Insurance to this Addendum. If contractor subscribes for Workers' Compensation Insurance:

Name and address of Workers' Compensation Insurer: _____

Policy Number: _____ Policy Expiration Date: _____

ATTACH CERTIFICATE OF INSURANCE TO THIS ADDENDUM (Penn Township must be named as an additional insured on all Certificates of Workers' Compensation and/or all Certificates of Qualified Self-Insurance.)

IV. Exemption

This section to be completed ONLY if Applicant/Contractor is claiming exemption from providing Workers' Compensation Insurance. The undersigned swears of affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

_____ Applicant/Contractor has no employees.

_____ Applicant/Contractor claims religious exemption under the Workers' Compensation Law.

In the event that Penn Township requires verification that a building permittee has filed an affidavit of exemption from Workers Compensation, has hired employees to perform work in connection with the building permit and has not obtained the required Insurance and provided Penn Township with the requisite information, Penn Township shall issue a **STOP WORK ORDER**. Such Stop Work Order shall remain in effect until proper Workers' Compensation coverage is obtained and proper documentation is received by Penn Township.

V. Applicant's signature below indicates that Applicant understands and accepts the requirements of this form.

Applicant's Signature

VI. Notarization

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____

Subscribed and sworn to me this _____ day of _____, 20____.

Notary Public

My commission expires: _____



260 Lewis Road
West Grove, PA 19390
(o) 610-869-9620 • (f) 610-869-9194
office@penntownship.us

Contractor Registration Application

New Application Renewal

Owner Information

Business Owner(s): _____ Date of Application: _____

Owner Address: _____

City, State, Zip: _____ Phone Number: _____

Business Information

Type of Business: Residential Home Improvement Residential New Construction
 Commercial Contractor PA HIC Registration #: _____

Business Name: _____ Phone #: _____

Business Address: _____ Fax #: _____

City, State, Zip: _____ Email: _____

Emergency Contact: _____ Phone #: _____

License/Registrations currently held _____
(provide copies)

State and/or Federal Certifications held _____
(provide copies)

Submit a **Certificate of Insurance** indicating Liability and Worker's Compensation Insurance, naming **Penn Township as the Certificate Holder**. If you are claiming an exemption from the Worker's Compensation requirements, a **signed and notarized** exemption form must be submitted with your application.

DO NOT WRITE BELOW THIS LINE

Registration Issues: ___ / ___ / ___ Registration #: _____ Fee Paid: _____