



WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

I. Applicant Information:

Name _____
Address _____
Phone/Email _____

- A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation law.
☐ Yes (Complete section II, III, IV, V, and VI below)
- B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation law.
☐ Yes (Complete section II, III, IV, V, and VI below)
- C. Applicant is property owner 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 THE 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 or 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:

- ☐ 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 indicates that Applicant understands and accepts the requirements of this form.

Applicant's signature *Date*

VI. Notarization

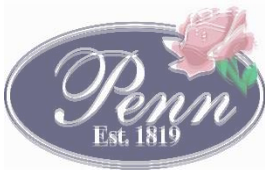
COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

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

Notary Public

My Commission Expires: _____



PENN TOWNSHIP CONTRACTOR REGISTRATION APPLICATION
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

☐ **New Application**

☐ **Renewal**

Business Owner Information -

Date of Application: _____

Business Owner(s) _____

Owner(s) Address _____

Owner(s) Email _____

Phone Number(s) _____

Business Information -

Type of Business

☐ Residential Home Improvement

☐ Residential New Construction

☐ Commercial Contractor

PA HIC Registration #: _____

Business Name _____

Business Address _____

Business Phone Number _____ Fax Number _____

Business Email _____ Website _____

Emergency Contact _____ Phone #: _____

Licenses/Registrations/Certifications –

Please list all licenses, registrations, and certifications you currently hold. You must provide us with copies.

License/Registrations _____

State and/or Federal Certifications _____

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 Issued: ____/____/____

Registration #: _____

Fee Paid: _____