



Township of Warminster

Department of License and Inspection

910 West Bristol Road • Warminster, Pennsylvania 18974 • (215) 443-5423 • Fax: (215) 443-7911

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION (attach to building permit application)

A. **The applicant is:** Property Owner, Contractor or Property Owner using a contractor (Property owners using a contractor must have contractor complete this form and return it to this department before a permit can be issued.) Notary required if contractor is exempt under law.

Are you a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES NO

If the answer is "YES", complete Sections B and C below as appropriate.

B. Insurance Information (Please print)

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self insurer for workers' compensation. Certificate attached

Name of Workers' Compensation Insurer _____

Workers Compensation Insurance Policy No. _____
 Certificate attached

Policy Expiration Date: from _____ to _____

C. EXEMPTION (if contractor is claiming exemption, this form must be notarized)

Complete section C if the applicant is a contractor claiming exemption for providing workers' compensation insurance.

The undersigned swears or affirms 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.

Religious exemption under Workers' Compensation Law.

NOTARY PUBLIC INFORMATION

Subscribed & sworn to before me this _____ day of _____, 20 _____

(Signature of Notary Public)

Signature of Applicant

My commission expires _____

Address: _____

(SEAL)

City/Township: _____

State/Zip: _____