

ERECTED INTO A TOWNSHIP IN 1733  
**TOWNSHIP OF WORCESTER**  
AT THE CENTER POINT OF MONTGOMERY COUNTY  
PENNSYLVANIA

1721 Valley Forge Road  
P.O. Box 767  
Worcester, PA 19490

Phone (610) 584-1410  
Fax (610) 584-8901

**Workers' Compensation Insurance Coverage Information**

**A. THE APPLICANT IS**

A contractor within the meaning to he Pennsylvania Workers' Compensation Law

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

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**B. INSURANCE INFORMATION**

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification Number: \_\_\_\_\_

PROOF OF INSURANCE MUST BE PROVIDED IN THE FORM OF A CERTIFICATE OF INSURANCE

Applicant is a qualified self-insurer for workers' compensation.

\_\_\_\_\_ Certificate attached

Name of workers' compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurer: \_\_\_\_\_

\_\_\_\_\_ Certificate attached

Policy Expiration Date: \_\_\_\_\_

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**C. EXEMPTION**

Complete Section C if the applicant is a contractor 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 REASONS, AS INDICATED:

\_\_\_\_\_ Contractor with no employees. CONTRATOR PROHIBITTED 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 the Workers' Compensation Law.

Subscribed and sworn to before me this

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_ day of 20 \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Municipality of \_\_\_\_\_