

**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

(Attach to permit application)

WHITEMARSH TOWNSHIP  
616 GERMANTOWN PIKE  
LAFAYETTE HILL, PA 19444

A. The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law.

No \_\_\_\_\_  
Yes \_\_\_\_\_ (If yes complete Sections B & C)

B. **Insurance Information**

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

Business Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pager/Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Workers' Compensation. Certificate attached

Name of Work Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy # \_\_\_\_\_

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

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 Worker's Compensation Insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons:

\_\_\_\_\_ Contractor with no employees. Contractor prohibit by law from employing any individual to perform work pursuant to this Permit unless contractor provides proof of insurance to the Township.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to me this  
\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

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

My commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Address

{Seal}

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

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