

LOWER MT. BETHEL TOWNSHIP

ZONING OFFICE

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PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION FORM

PLEASE READ DIRECTIONS CAREFULLY, before filling out this form,

DIRECTIONS: Please complete all sections. All blank spaces must be completed with the requested information and boxes must be checked as they pertain to your status with the Pennsylvania Workman's Compensation Insurance Law. If you are claiming an exemption, this form must be signed in front of a notary public. A building or zoning permit will not be issued by Lower Mt. Bethel Township until this form is completed properly. **NOTE: If an exemption is claimed, this form will only be maintained in the Lower Mt. Bethel Township records until December 31st of the year issued. It is the responsibility of the contractor to renew this form yearly. If the contractor wishes to provide a certificate of Workman's Compensation insurance, the contractor must notify their insurance company that Lower Mt. Bethel Township is to be named as the policy certificate holder on the certificate.**

The contractor for this building permit, in compliance with ACT 44 of 1993, hereby submits (please check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption (must be signed in front of a notary public)

- Name of Contractor _____
- Title of Company _____
- Address _____
- City _____ State _____ Zip Code _____ Phone# _____
- Contractor or policyholder's federal or state employer identification (EIN) number _____

If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

- Name of Insurer or Self-Insurer _____
- Address _____
- City _____ State _____ Zip Code _____ Phone# _____
- Policy No. _____ Coverage Period Ends _____

IF AN EXEMPTION IS BEING CLAIMED, PLEASE COMPLETE THE REVERSE SIDE AND SIGN IN THE PRESENCE OF A NOTARY PUBLIC:

Basis for exemption is (please check one):

- The Contractor for this building permit is a sole proprietorship without employees
- The Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain: _____
- All of the contractor's employees on the project are exemption religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain: _____

- Other. Please explain: _____

Please be aware of the following requirements under the Pennsylvania Workers' Compensation Act:

- ⇒ This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
- ⇒ The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
- ⇒ Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
- ⇒ The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
- ⇒ Violation of the Workers' Compensation Act or the terms of this information form will subject the contractor to a stop-work order and other fines and penalties as provided by law.

My signature on behalf of or as the contractor as stated on this form constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lower Mt. Bethel Township Municipal representatives or authorities.

Signature _____ Date _____
Name (Please Print) _____
Title _____
Name of Company _____

Subscribed and sworn to before me this

_____ day of _____

seal

(Signature of Notary Public)

My Commission expires: _____