

## WORKER'S COMPENSATION INSURANCE COVERAGE WORKSHEET

(Building Permit Attachment)

A. The Applicant is

A contractor within the meaning of the Pennsylvania Workers Compensation Law

YES

NO

If the answer is "yes" complete Section B, if "no" complete section C below.

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B. Insurance Information

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: \_\_\_\_\_

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C. Exemption

I, \_\_\_\_\_, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons I will notify this office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.