

BOROUGH OF COOPERSBURG

5 N. Main St. Coopersburg, PA 18036

Phone: 610-282-3307 Fax: 610-282-4668

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. APPLICANT

Is the applicant a contractor within the meaning of the PA Worker's Compensation Law?

- YES – If yes, complete sections B, C, and D as appropriate and sign below.
 NO – If owner is doing the work, check NO and sign below.

B. INSURANCE INFORMATION

Name of Applicant: _____ Fed. or State Employer ID No.: _____

- Applicant is a qualified self-insurer for Worker's Compensation. Certificate Attached
 Applicant carries Worker's Compensation Insurance Certificate Attached

Name of Worker's Compensation Insurer: _____

Worker's Compensation Insurance Policy No.: _____

Policy Expiration Date: _____

C. SUBCONTRACTOR(S)

Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is yes, applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the PA Worker's Compensation Act.

D. EXEMPTION

Complete this section if the applicant is a contractor claiming exemption from providing Worker's Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of the PA Worker's Compensation Law for one of the following reasons, as indicated.

- Contractor with no employees - contractor is prohibited by law from employing any individual to perform work pursuant to this Building Permit unless contractor has provided proof of insurance to the Borough of Coopersburg.
 Religious exemption under the Worker's Compensation Law (must be notarized)

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

Signature of Notary Public: _____

My commission expires: _____

(Seal)

D. SIGNATURE REQUIRED FOR ALL APPLICANTS

Signature of Applicant: _____

Address: _____

County: _____ Municipality: _____