

**AFFIDAVIT
MUST BE NOTARIZED
WORKERS' COMPENSATION INSURANCE COVERAGE**

A.

Name	
Address	
City	
State	
Zip	
Phone	

B. INSURANCE INFORMATION

Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES (I do have employees who are covered for Workers' Comp. Insurance).

NO (I do not have employees and do not carry Workers' Comp. Insurance).

If you answered "YES", PLEASE COMPLETE THE INFORMATION REQUIRED BELOW:

Applicant is a qualified self-insurer for Workers' Compensation

Insurance Certificate attached.

Name of Workers' Compensation Insurer _____.

If you answered "NO", please complete the exemption portion of this form below.

C. EXEMPTION (Complete this section if applicant is a contractor claiming exemption from providing Workers' Compensation Insurance).

Contractor with no employees. (Contractor prohibited by law from employing any individual to perform work pursuant to any building permit unless contractor provides proof of insurance to the Borough).

D. NOTARIZATION

ALL APPLICANTS TO COMPLETE THIS SECTION

I, _____, the above named applicant, do swear that the foregoing information is true and correct, and affix my signature thereto in the presence of a Notary Public

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

Signature of Applicant

My Commission Expires: _____