



**North Whitehall Township Zoning Office**

3256 Levans Road, Coplay (Ironton) PA 18037

Phone (610) 799-3411 • Fax (610) 799-9629

Hours: 7:30 a.m. - 4:00 p.m., Mon. - Fri.



**PENNSYLVANIA WORKERS COMPENSATION  
INSURANCE COVERAGE INFORMATION FORM**

**READ DIRECTIONS CAREFULLY, Before completing this form.**

DATE REC'D \_\_\_\_\_

**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 the presence of a Notary Public. **A building permit will not be issued by North Whitehall Township until this form is completed properly.**

**NOTE:** If an exemption is claimed, this form will be maintained in North Whitehall Township's records for 1 (one) year. It is the responsibility of the contractor to renew this permit annually. If the contractor attaches a Certificate of Insurance, the contractor must notify their insurance company that North Whitehall Township is to be named as a policy certificate holder.

**I. 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)

**II. Name of Contractor** \_\_\_\_\_

**Title of Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Contractor/Policyholder's federal or state Employer Identification Number (EIN)**  
\_\_\_\_\_

**III. 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** \_\_\_\_\_

**Policy No.** \_\_\_\_\_ **Coverage Period Ends** \_\_\_\_\_

**IF APPLICANT CLAIMS EXEMPTION PLEASE COMPLETE BOTH SIDES OF THIS FORM.**

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

Basis for Exemption (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 are and have been qualified as "Executive Employees" under section 104 of the Workers' Compensation Act. Please Explain:

\_\_\_\_\_

\_\_\_\_\_

- All of the contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act. Please Explain:

\_\_\_\_\_

\_\_\_\_\_

- Other. Please explain:

\_\_\_\_\_

\_\_\_\_\_

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

1. 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.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors working on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of a building permit will subject the contractor or policyholder to a STOP WORK ORDER and other fines and penalties as provided by law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My Commission expires: \_\_\_\_\_

My signature on behalf of or as the contractor for this building permit constitutes my verification that the statements contained herein are true, and that I am subject to penalties as prescribed in 18 Pa. C.S.A. §4904 relating to unsworn falsification to North Whitehall Township authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company