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(610) 494-1636 Fax (610) 494-1065
WEB SITE: www.astontownship.net

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
(Attach to Permit Application)

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 or C below. If the answer is "no," complete Section C below.

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is a Qualified Self-insurer for Workers' Compensation

- Original Certificate attached.

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No.: _____

- Original Certificate Attached.

Policy Expiration Date: _____

C. Exemption . . . Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' Compensation Insurance. The undersigned states that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated.

- Contractor** with no employees. Contractor prohibited by Law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance to the Township.
- Homeowner** who elects to perform all of the work without contracting or hiring others to assist.
- Religious exemption** under Workers' Compensation Law.

Print Name: _____

Signature of Applicant: _____

Date: _____

Address: _____