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2 NEW ROAD, SUITE 123.  
ASTON, PENNSYLVANIA  
19014-1896 (610) 494-1636  
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WEB SITE: [www.astontownship.net](http://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: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_