

Slippery Rock Township, Butler County

Workers' Compensation Insurance Coverage Information

(Please attach to building permit application)

A. The Applicant is:

A contractor within the meaning of the Pennsylvania Worker's Compensation Law:

Yes No

If the answer is "yes" complete Sections B & C below as appropriate:

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for worker's compensation:

Certification attached: yes no

Name of Workers Compensation Insurer: _____

Workers' Compensation Insurance Policy Number: _____

Certification attached: yes no

Policy Expiration Date: _____

C. Exemption:

Complete section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provision 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 building permit unless contractor provided proof of insurance to the township. **OR**

Religious exemption under the Workers' Compensation Law.

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

Signature of Applicant:

Signature of Notary Public

Address

My commission expires: _____

Address

(SEAL)

County of: Butler

Municipality of: Slippery Rock Township