



# LIMERICK TOWNSHIP

ZONING & CODE DEPARTMENT  
646 WEST RIDGE PIKE  
LIMERICK, PENNSYLVANIA 19468  
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## PA WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

1. NAME OF APPLICANT: \_\_\_\_\_ FEDERAL OR STATE EIN: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
COUNTY \_\_\_\_\_ MUNICIPALITY OF \_\_\_\_\_

2. IS THE APPLICANT A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKER'S COMPENSATION LAW?  YES  NO  
*COMPLETE SECTIONS A, B, C & D AS APPLICABLE.*

A. INSURANCE INFORMATION  CHECK IF CERTIFICATE IS ATTACHED.

NAME OF WORKER'S COMPENSATION INSURER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ POLICY EXPIRATION DATE: \_\_\_\_\_

B. IS THE APPLICANT USING ANY SUBCONTRACTOR (S) ON THIS PROJECT?  YES  NO

IF "YES", THE APPLICANT HEREBY CERTIFIES THAT ANY AND ALL SUBCONTRACTORS HAVE PRESENTED PROOF TO THE APPLICANT OF INSURANCE UNDER THE PENNSYLVANIA WORKER'S COMPENSATION ACT.

C. EXEMPTION: THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKER'S COMPENSATION INSURANCE UNDER THE PROVISIONS OF THE PENNSYLVANIA WORKER'S 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 PROVIDES PROOF OF INSURANCE TO THE MUNICIPALITY.

RELIGIOUS EXEMPTION UNDER THE WORKER'S COMPENSATION LAW.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES (SEAL)

D. I AM A HOMEOWNER DOING MY OWN WORK.

YES  NO

### 3. CERTIFICATION

I HEREBY STATE THE ABOVE FACTS AND STATEMENTS, INCLUDING ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE. I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION OR AN INCOMPLETE APPLICATION MAY BE CONSIDERED REASON TO REJECT THE APPLICATION AND THAT THE FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF PA CONS. STAT. 4904 RELATING TO UN-SWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_