

CITY OF EASTON
Bureau of Codes and Inspections
One South Third Street, Easton, PA 18042
phone (610) 250-6724 - fax (610) 260-6607

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is within the meaning of the Pennsylvania Workers' Compensation Law

Yes No (If the answer is yes, complete Sections B and C below, as appropriate.)

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B. Insurance Information

Name _____

Company Name _____

Address _____
city st zip

Phone No. _____ Easton Business License No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of workers' compensation insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy expiration date _____

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

C. Exemption

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the 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 provides proof of insurance to the City.**

Religious exemption under the Workers' Compensation Law.

Applicant's Signature

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

Signature of Notary

(Seal)