



# Charlestown Township

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## Contractor's Affidavit of Workman's Compensation Insurance

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

BEFORE ME, \_\_\_\_\_,

A NOTARY PUBLIC, THE UNDERSIGNED OFFICER,

THIS DAY PERSONALLY APPEARED \_\_\_\_\_

(Name and Address)

TO ME KNOWN (OR SATISFACTORILY PROVEN,) WHO BEING DULY SWORN ACCORDING TO LAW, DESPOSES AND SAYS: (STATEMENT STARTS HERE)

Workers' compensation Insurance Coverage Information  
(Attach to building permit application)

A. Applicant Name: \_\_\_\_\_

B. The Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

YES (complete Section "C")

NO (complete Section "D")

C. **Insurance information:** APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKMEN'S COMPENSATION.

Certificate of Insurance is attached

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy No: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

The undersigned deposes and says that the information set forth above is true and correct to the best of the knowledge, information and belief of the undersigned and that such is given subject to the penalties of 1B Penn. C.S., Section 4904, relating to unsworn falsification to the authorities.

*\*\*See Notary Information Below*

\_\_\_\_\_  
Applicant Signature

D. **Exemption:** COMPLETE THIS SECTION 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 for one of the following reasons:

**Contractor with no employees.** Contractor is prohibited by law from employing individuals to perform any work pursuant to this building permit unless contractor provides proof of insurance as required by section "C" above.

**Religious exemption under Workers' Compensation Law.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Address

NOTARY INFORMATION:

Subscribed and sworn before me

Signature of Notary: \_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

(SEAL)