

Trappe Borough

525 West Main Street Trappe, PA 19426
610-489-7181



WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION TO BE COMPLETED BY ALL APPLICANTS

NOTE: Under State Law, the Borough is responsible to stop all work on any site when non-exempt parties are working without workers' compensation Insurance and/or non-exempt parties have not completed and submitted to the Borough the proper exemption form.

A. **SITE ADDRESS:** _____

The APPLICANT is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

_____ Yes _____ No

B. Name of APPLICANT:

(Please Print)

Federal or State Employer ID No.: _____

C. **Insurance Information – To Be Completed By Contractors Only.**

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

_____ Certificate Attached

Name of workers' compensation insurer:

Workers' compensation insurance policy number:

Policy expiration date: _____

E: **Exemption**

If APPLICANT is a contractor claiming exemption from providing Workers' Compensation Insurance or the owner of the property.

**** The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of the Pennsylvania Workers' Compensation law, for one of the following reasons:**

- _____ 1.) 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.
- _____ 2.) Contractor is a member of a Corporation and has claimed exemption from such Corporation through PA Department of Labor & Industry (Copy of exemption notification shall be attached)
- _____ 3.) APPLICANT is a registered partnership through the State of Pennsylvania. (Proof of partnership should be attached).
- _____ 4.) APPLICANT is the property owner, and understands that if he/she hires other parties or subcontractors, such parties or subcontractors shall submit acceptable insurance information or proof of exemption thereof to the applicant before commencing any work on the property.
- _____ 5.) Religious exemption under the Workers' Compensation Law.

ALL APPLICANTS MUST SIGN AND FILL IN NAME, ADDRESS AND PHONE NUMBER(S)

Signature: _____

Name Printed: _____

Address: _____

Phone: _____ Cell Phone: _____

Fax: _____

E-mail: _____

(Please Print)