

Hanover Township, Lehigh County

610-264-1069 • FAX 610-264-2773

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_ Municipality of \_\_\_\_\_

THE APPLICANT IS:

The property owner or leasee ( ) Yes ( ) No

A contractor within the meaning of the Pennsylvania Workers' Compensation Law
( ) Yes ( ) No If Yes, complete this page
If No, complete form below

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.
( ) Yes - Certificate attached ( ) No

Name of Worker's Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_
( ) Certificate attached

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

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

CONTRACTOR PROHIBITED BY LAW FROM EMPLOYING ANY INDIVIDUAL TO PERFORM WORK
PURSUANT TO THIS BUILDING PERMIT UNLESS CONTRACTOR PROVIDES PROOF OF INSUR-
ANCE TO THE TOWNSHIP

If claiming an exemption, fill out form below and have it notarized.

EXEMPTION

The undersigned swears or affirms that he/she is not required to provide workers' compensation insur-
ance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons,
as indicated:

- ( ) Contractor with no employees.
( ) Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My Commission expires \_\_\_\_\_

(Seal)

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

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_