

East Union Township Notarized Workers' Compensation Affidavit

I. Applicant Information

Name: _____

II. Insurance Information

Is applicant a contractor within the meaning of the Pennsylvania Workers' Compensation Law?

YES, I have employees that are covered for Workers' Compensation Insurance (go to next question)

NO, I do not have employees and do not carry Workers' Compensation Insurance (go to III)

If you answered YES above, answer questions below:

I am qualified self-insurer for Workers' Compensation. (go to IV)

I have included a certificate of insurance indicating my Workers' Compensation coverage. (go to IV)

III. Exemption

Complete this section ONLY if applicant is a contractor claiming exemption from providing Workers' Compensation Insurance

Applicant is a contractor with no employees.
(Contractor is prohibited by law from employing any individual to perform work pursuant to any building permit unless the contractor provides proof of Workers' Compensation Insurance to the Township.)

IV. Notarization

All applicants must complete this section.

I, _____, the above named applicant, do swear that the foregoing information is true and correct, and affix my signature hereto in the presence of a Notary Public.

Subscribed & sworn to me before this
_____ day of _____, 20__

Signature of Notary Public

My Commission Expires: _____

Signature of Applicant
does not need to be notarized.
Sign only in presence of a notary public