

AFFIDAVIT
MUST BE NOTARIZED

WORKERS' COMPENSATION INSURANCE EXEMPTION

NAME OF APPLICANT _____
STREET ADDRESS _____
CITY, STATE & ZIP CODE _____
PHONE NUMBER _____
EMAIL ADDRESS _____

Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law and is claiming exemption from providing Workers' Compensation Insurance by signing below.

Applicant does **not** have employees and **does not** carry Workers' Compensation Insurance. Applicant is prohibited by law from employing any individual to perform work pursuant to any building permit unless contractor provides proof of insurance to West Rockhill Township.

Signature of Applicant

NOTARIZATION

ALL APPLICANTS TO COMPLETE THIS SECTION IN THE PRESENCE OF A NOTARY

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 before me this
_____ day of _____, 20____

Signature of Applicant

(Signature of Notary Public)

My commission expires: _____