

LACKAWAXEN TOWNSHIP CODE ENFORCEMENT OFFICE

CONTRACTOR'S WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

PROPERTY OWNER'S NAME _____

PROPERTY STREET ADDRESS _____



NAME OF CONTRACTOR _____

ADDRESS _____

PHONE NUMBER _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation _____
Original Certificate attached.

Name of Workers' Compensation insurer _____

Insurance Policy No. _____ Policy Expiration Date _____



Complete THIS Section if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation insurance. The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated.

_____ **Contractor with no employees.** Contractor prohibited by Law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

_____ **Homeowner** who elects to perform all of the work without contracting or hiring others to assist.

_____ **Religious exemption** under Worker' Compensation Law.

Signature of applicant: _____

Commonwealth of Pennsylvania
County of Pike

On this, the ____ day of _____, 20____ before me a notary public, the undersigned officer,

personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal. _____

Notary Public