

Contractor Name: _____

Job Name: _____



CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 INDUSTRIAL BLVD, SUITE 400A
LEWISBURG, PA 17837

Workers' Compensation Insurance Coverage Information

(Building Permit attachment)

The Applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law

YES NO

If the answer is "YES" complete Section B, if "NO" complete Section C below

Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification

Number: _____

Applicant is a qualified self-insurer for workers compensation: Certificate Attached

Name of Workers Compensation Insurer:

Workers Compensation Insurance Policy Number:

_____ Certificate Attached

Policy Expiration Date _____

Exemption:

I _____ do solemnly attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons I will notify this office and provide proof of worker's compensation coverage within three working days.

I understand that failure to comply will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the Act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. Act 44.

Subscribed and sworn to before me this
_____ day of _____, _____

(Signature of Notary Public)