



CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 Industrial Boulevard, Suite 400A

Lewisburg, PA 17837

Workers' Compensation Insurance Coverage Information

(UCC Building Permit attachment)

Contractor: _____

Job Name: _____ Building Permit #: _____

A. The Applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law:

YES

NO

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

B. Insurance Information:

You **MUST** submit a copy of your Certificate of Insurance showing Workers Compensation as a covered Policy. Can be faxed: 570-522-1327; e-mailed: permits@ckcog.com or mailed to:

Central Keystone COG

1610 Industrial Blvd, Suite 400A

Lewisburg, PA 17837

C. Exemption:

I _____ (please print name legibly) do solemnly attest that I will not employ/hire any other persons for the project for which I am seeking a UCC 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.

Signature

Date

Witness

Date