

WORKERS' COMPENSATION INSURANCE COVERAGE

****FILL OUT THIS FORM AND ATTACH YOUR WORKERS' COMPENSATION INSURANCE CERTIFICATE. THE BOROUGH WILL KEEP ON FILE FOR THE CALENDAR YEAR. IF YOUR WORKERS' COMPENSATION INSURANCE EXPIRES, IT IS YOUR RESPONSIBILITY TO PROVIDE AN UPDATED INSURANCE CERTIFICATE TO THE BOROUGH. IF YOU ARE A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKERS' COMPENSATION, NOTARIZE AND SIGN THE BOTTOM. THE BOROUGH WILL KEEP THIS NOTARIZED COPY ON FILE FOR THE CALENDAR YEAR.****

- A. The applicant is
A contractor within the meaning of the Pennsylvania Workers' Compensation Law
 Yes No

If the answer is "yes", complete Section B and C below as appropriate.

B. Insurance Information

Name of Applicant: _____
Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate Attached CERTIFICATE TO HAVE BRISTOL BOROUGH
AS CERTIFICATE HOLDER

Name of Workers' Compensation Insurer: _____
Workers' Compensation Insurance Policy No.: _____
 Certificate Attached CERTIFICATE TO HAVE BRISTOL BOROUGH
AS CERTIFICATE HOLDER

Policy Expiration Date: _____

C. Exemption

Complete Section C if the applicant is a contractor 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 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 municipality.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____ 20_____

(Signature of Notary Public)

My commission expires: _____
(Seal)

Signature of applicant _____
Address _____

County of _____
Municipality of _____