

WORKERS' COMPENSATION INSURANCE COVERAGE
(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law
_____ YES _____ no

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

B. Insurance Information

Name of Applicant: _____

Federal or State Employer ID 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 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 Borough.
FEDERAL OR STATE EMPLOYER IDENTIFICATION NO. _____

_____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to
Before me this _____ day of
_____, _____.

Signature of Applicant

Address: _____

Notary Public
My Commission Expires: