## WORKERS' COMPENSATION INFORMATION FORM

# THIS FORM REQUIRES A NOTARY SEAL

### AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensations insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

____ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with these requirements.

____ Contractor has 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. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

____ Use this form when applicable to part "C" on the workers' compensation form.

_____

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged before me by the above

_____this _____ Day of _____ 20_____

SEAL

_____

Notary Public

**MUST BE NOTARIZED**