PENNSYLVANIA WORKERS' COMPENSATION INSURANCE AFFIDAVIT FORM

THIS FORM
MUST BE SUBMITTED, SIGNED & NOTARIZED WITH ALL ZONING AND BUILDING APPLICATIONS

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. Are you the **homeowner/property owne**r performing the work (as requested in this application) yourself?

Yes — read this exemption statement, sign to indicate your understanding and submit this form with your application *"Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project." I understand I must comply with state requirements if during the course of the project, I choose to retain the services of a contractor. I agree that my failure to comply with the matters set forth in this Affidavit will result in a STOP WORK ORDER which may not be lifted until proper workers compensation coverage is obtained or until further proof of exemption is submitted. I further agree that should any required workers compensation be terminated during the progress of the work, that I will immediately notify the Borough of Stockertown a STOP WORK ORDER will be issued until coverage is reinstated.*

☐ ***(Proceed to Notary Section)***
Name:_____ Signature_____
Date: _____

☐ **No**— go to question #2

2. Are you the **contractor** hired by the homeowner/property owner to perform the work as requested in this application)?

Name of Company: _____
Contact person:_____ Phone #_____
Address of company:_____
Federal or State Employee Identification # _____

Please select one of the following options:

☐ Applicant is a qualified self-insurer for workers' compensation. Please attach a copy of the insurance certificate listing the Borough of Carlisle as a certificate holder.

☐ Applicant carries workers' compensation coverage with an insurance company. Please attach a copy of the insurance certificate listing the Borough of Carlisle as a certificate holder

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☐ Applicant is exempt from providing workers' compensation insurance because:

☐ The **contractor is a sole proprietorship without employees** (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)

☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation AcT

NOTE: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.

Will you be using any subcontractor(s) on this project?

☐ No ☐ Yes *(If yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)*

My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.

I agree that my failure to comply with the matters set forth in this Affidavit will result in a STOP WORK ORDER which may not be lifted until proper workers compensation coverage is obtained or until further proof of exemption is submitted. I further agree that should any required workers compensation be terminated during the progress of the work, that I will immediately notify the Borough of Stockertown a STOP WORK ORDER will be issued until coverage is reinstated.

Name:_____ Signature:_____
Date: _____ Address:_____

NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE

COMMONWEALTH OF PENNSYLVANIA
COUNY OF NORTHAMPTON
ON THIS, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained. IN WITNESS WHEREOF, I hereunto set my hand and official seal. _____ NOTARY PUBLIC

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SEAL