



LOWER NAZARETH TOWNSHIP

PLANNING & ZONING OFFICE

623 MUNICIPAL DRIVE, SUITE 200

NAZARETH, PA 18064

TELEPHONE: 610-759-7434

FAX: 610-746-3317

PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION AFFIDAVIT

PLEASE READ DIRECTIONS CAREFULLY BEFORE FILLING OUT THIS FORM. A building or zoning permit will not be issued by Lower Nazareth Township until this form is completed properly.

Please complete all sections. All blank spaces must be completed with the requested information and boxes must be checked as they pertain to your status with the Pennsylvania Workman's Compensation Insurance Law.

If you are claiming an exemption, this form must be signed in front of a notary public.

NOTE: If an exemption is claimed, this form will only be maintained in the Lower Nazareth Township records for one year after the building/zoning permit is issued. It is the responsibility of the contractor to renew this permit yearly. If the contractor wishes to provide a certificate of insurance, the contractor must notify their insurance company that Lower Nazareth Township is to be named as the policy certificate holder on the certificate.



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WORKER'S COMPENSATION AFFIDAVIT

Property Owner performing own work. I own this property and will perform all work myself. If I do hire contractors or employees to perform any work under the building permit issued in connection herewith, I, or my contractor will provide proof of worker's compensation insurance immediately.

Contractor will perform work.

Name of Contractor _____

Title of Company _____

Address _____

City _____ State _____ Zip Code _____

Phone# (____) _____ Fax # (____) _____ Federal ID Number: _____

Choose only one of the following:

- Certificate of Insurance.** Attached hereto is my Certificate of Insurance or self-insurance evidence compliant with Pennsylvania's Worker's Compensation Law, which insurance or self-insurance remains in full force and effect.
- Contractor has no employees.** As contractor, I will perform all work required in connection with this permit myself. I have no employees and will use no subcontractors. I understand that I am prohibited by law from employing any individual to perform work under the permit issued in connection herewith, unless I provide proof of insurance to Lower Nazareth Township. After receipt of the permit, if I employ any other persons, I agree to notify Lower Nazareth Township and immediately provide proof of workers compensation coverage (NOTARY REQUIRED).
- Contractor uses subcontractors.** I have no employees and will use only subcontractors in performing the work under the permit issued in connection herewith. Prior to commencement of the work I have been provided with evidence or workers' compensation insurance coverage for each subcontractor I will use in performing the work. Alternately, I have been provided with evidence that non-covered subcontractors have no employees and I will not allow them to use employees on the job unless further evidence or worker's compensation coverage is provided to me (NOTARY REQUIRED).
- Religious Exemption.** All of my employees who will perform work under the permit issued in connection herewith are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act. By way of further explanation, I state the following: _____ (NOTARY REQUIRED)

I agree that my failure to comply with the matters set forth in this Affidavit will result in a STOP WORK ORDER and it may not be lifted until proper Worker's Compensation coverage is obtained, or until further proof or exemption is submitted. I further agree that should any required Worker's Compensation coverage terminate during the progress of the work, that I will immediately notify Lower Nazareth Township and understand a STOP WORK ORDER will be issued until coverage is reinstated. My signature on this form constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lower Nazareth Township Municipal representatives or authorities.

Signature _____

NOTARY REQUIRED

Name (Please Print) _____

Subscribed and sworn to before me this

Date _____

_____ day of 20__

seal

(Signature of Notary Public)

My Commission expires: _____