

**BIRMINGHAM TOWNSHIP, CHESTER COUNTY**

**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

**I. APPLICANT**

Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

YES                       NO

If the answer is "YES", complete Sections II and III below, as appropriate.

B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

YES                       NO

If the answer is "YES", complete Sections II and III below, as appropriate.

**II. APPLICANT'S FEDERAL OR STATE IDENTIFICATION NO: \_\_\_\_\_**

If Applicant is a qualified self-insurer for Workers' Compensation, attach Certificate of Insurance to this Addendum.

If Applicant subscribes for Workers' Compensation Insurance:

Name and address of Workers' Compensation Insurer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Attach Certificate of Insurance to this Addendum

**NOTE:** *Birmingham Township must be named as a certificate holder on all Certificates of Workers' Compensation Insurance and/or on all Certificates of Qualified Self-Insurance.*

**III. EXEMPTION**

This Section to be completed ONLY if Applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears/affirms that he/she is not required to provide Workers' Compensation Law for one of the following reasons, as indicated:

Religious Exemption                       Contractor has no employees

**NOTE:**

CONTRACTOR IS PROHIBITED FROM EMPLOYING ANY INDIVIDUAL TO PERFORM ANY WORK IN CONNECTION WITH THIS BUILDING PERMIT UNLESS AND UNTIL CONTRACTOR PROVIDES TO BIRMINGHAM TOWNSHIP SATISFACTORY PROOF OF INSURANCE.

IN THE EVENT THAT BIRMINGHAM TOWNSHIP RECEIVES ACTUAL NOTICE THAT A BUILDING PERMITTEE WHO HAS FILED AN AFFIDAVIT OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE HAS HIRED EMPLOYEES TO PERFORM WORK IN CONNECTION WITH THE BUILDING PERMIT AND HAS NOT OBTAINED THE REQUIRED INSURANCE AND PROVIDED BIRMINGHAM TOWNSHIP WITH THE REQUISITE INFORMATION, BIRMINGHAM TOWNSHIP SHALL ISSUE A STOP WORK ORDER. SUCH STOP WORK ORDER SHALL REMAIN IN EFFECT UNTIL PROPER WORKERS' COMPENSATION COVERAGE IS OBTAINED AND PROPER DOCUMENTATION IS RECEIVED BY BIRMINGHAM TOWNSHIP.

Applicant's Signature \_\_\_\_\_

STATE OF PENNSYLVANIA  
COUNTY OF CHESTER

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, before me, 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 (Seal)