



WORKERS' COMPENSATION INFORMATION FORM

THIS FORM REQUIRES A NOTARY SEAL

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AFFIDAVIT OF EXEMPTION

The undersigned affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons.

(Please check one)

- _____ Property owner performing own work.
- _____ Contractor has no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to the municipality.
- _____ Religious exemption under the Workers' Compensation Law. All employees of the contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter from all employees).

Signature of Applicant

Print Name of Applicant

Date

STATE OF PENNSYLVANIA
COUNTY OF DELAWARE
TOWNSHIP OF CHADDS FORD

This Affidavit was acknowledged before me on this _____ day of _____, 20____
by _____ (name of individual).

(SEAL)

NOTARY PUBLIC
My Commission expires: