



BOROUGH OF GLEN ROCK

P.O. Box 116
Glen Rock, PA 17327

(717) 235-3206

Fax (717) 235-0798

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(Attach to building permit application)

The applicant is:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law ___ Yes ___ No
(If the answer is "yes", complete the appropriate sections below)

Insurance Information:

Name of applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation _____ (attach certificate)

Name of Workers' Compensation Insurer _____

Policy Expiration Date ____/____/____

Exemption: (Complete the section below only if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

The undersigned swears or 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, as indicated:

___ Contractor with 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 Borough.

___ Religious exemption under the Workers' Compensation Law.

Signature of Applicant _____

Address _____

County of _____

Municipality of _____