



North Wales Borough
300 School Street
North Wales, PA 19454
Phone: 215-699-4424
Fax: 215-699-3991
www.northwalesborough.org

Workers' Compensation Insurance Coverage Form

APPLICANT

Is the Applicant a contractor within the meaning of the Pennsylvania Workers' Compensation Law?

No (homeowner) - Signature: _____

Yes - *please complete all the information below*

CONTRACTOR INFORMATION

Company:

Contact:

Street Address:

City:

State:

Zip:

Phone:

Cell:

Fax and/or E-mail:

Federal Employer Identification # or Social Security #:

PA Home Improvement Contractor #

INSURANCE COVERAGE INFORMATION

Which of the following applies:

Contractor has workers' compensation insurance: Please attach Certificate of Insurance showing general liability and workers' compensation with "North Wales Borough" as a certificate holder.

Contractor is claiming exemption from providing workers' compensation insurance: Please attach Certificate of Insurance showing general liability with "North Wales Borough" as a certificate holder and ***complete the EXEMPTION section below and have this form notarized.***

Contractor is a qualified self-insurer for workers' compensation: Please attach Certificate of Insurance showing general liability with "North Wales Borough" as a certificate holder.

EXEMPTION

The undersigned swears and 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 North Wales Borough

Religious Exemption under the Workers' Compensation Law

Contractor's Signature: _____

Date: _____

Sworn to and subscribed before me this

_____ day of _____ 20_____

(Signature of Notary Public)

Notary Locator: <https://www.notaries.pa.gov/Pages/NotarySearch.aspx>