

STRASBURG BOROUGH

Workers' Compensation & Liability Insurance Coverage Information

A. The work on this project is being conducted by:

Contractor within the meaning of the Pennsylvania Workers' Compensation Law

YES *see section B*

NO *complete section C*

Homeowner doing work on their personal home or acting as the general contractor.

I _____ assume all insurance responsibilities for this building permit.

Homeowner's name _____

Signature _____ Date _____

B. Proof of workers' compensation and liability insurance must be provided to the Borough before the building permit can be released. ***Please sign and date at bottom of this page.***

Name of Business _____

Federal or State Tax ID # _____

**Your insurance company must provide a Certificate of Insurance listing
Strasburg Borough as the Certificate Holder**

C. Exemption ..Must be Notarized

Complete if you are a contractor claiming an 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. Contractors are prohibited by law from employing any individual to perform work pursuant to this building permit unless proof of Workers' Compensation insurance is provided to the Borough. **Federal or State Tax ID #** _____

Religious exemption under the Workers' Compensation Law

State of Pennsylvania County of Lancaster

Subscribed and sworn/affirmed to before me on this date _____, 2004

My Commission Expires _____

(Signature of Notary Public)

Signature of Applicant _____

Date

Please fill out subcontractors contact list on the back of the form if applicable. **REVISED 7/12/2004**