

Borough of Highspire

640 ESHELMAN STREET
HIGHSPIRE, PA 17034

WORKERS' COMPENSATION INSURANCE COVERAGE AFFIDAVIT ACT 44-1993

SECTION 1	APPLICANT (Check Appropriate Box)
	Applicant is the property owner and not a contractor within the meaning of the Pennsylvania Worker's Compensation Law (complete only Section 3)
	Contractor within the meaning of the Pennsylvania Workers' Compensation Law (complete Section 2 and 3)

Please Note: Documentation shall be also provided for all subcontractors.

SECTION 2	INSURANCE INFORMATION
Contractor Name/Policyholder:	
Federal or State EIN No.:	
Address:	
City, State, Zip Code:	
Name of Insurer or Self-Insurer:	
Address:	
City, State, Zip Code:	
Policy No.:	
Policy Expiration Date (mm/dd/yy):	

SECTION 3	EXEMPTION
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:	
	Property owner performing own work (form to be signed and dated only)
	Contractor/Applicant is a sole proprietorship without employees (form shall be signed, dated, and notarized)
	Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act (form shall be signed, dated, and notarized - attach copies of religious letters for all employees)

SECTION 4**VALIDATION**

SWORN and subscribed before me, this

_____ day of _____ 20_____

Applicant's Signature_____
Name (Print)_____
Notary Public_____
Applicant's Address_____
City, State, Zip

Seal

Phone Number_____
Date