

RICHLAND TOWNSHIP

322 Schoolhouse Road, Suite 110 Johnstown, PA 15904

P: (814) 266-2922 F: (814) 266-2024

Workers' Compensation Insurance Exemption Information for Contractors

Name of Applicant: _____

Name of Construction Company: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

PA Contractor License Number: _____

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 Richland Township
- Religious exemption under the Workers' Compensation Law

Subscribed and sworn to before me

This ____ day of _____ 20____

Signature of Notary Public

My Commission Expires: _____

Signature of Applicant: _____ Date: _____