

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: _____