



PERKASIE BOROUGH CODE ENFORCEMENT DEPARTMENT

WORKERS' COMPENSATION INSURANCE ADDENDUM TO BUILDING PERMIT

NAME:

TRADE:

JOB ADDRESS:

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

Certificate of Workers' Compensation Insurance (please attach)

Certificate of Self-Insurance (please attach)

Affidavit of Exemption

II. If a Certificate of Workers' Compensation Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
or Self-Insurer _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Period Ends _____

Name of Contractor/Policyholder _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policyholder's federal or state employer identification number
(EIN) _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, The Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign:

Basis for exemption (check one):

- Applicant is an individual who owns the property.
- Contractor/Applicant is a sole proprietorship without employees.
- Contractor/Applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please Explain:

- All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

- Other. Please explain:

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's federal or state employer identification number (EIN) _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.
My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Signature _____

Name (Please Print) _____

Title _____

Name of Company _____

Note: Applicant's Copy to be attached to permit and posted.
Municipality's Copy to be filed with the permit copy.