

CONTRACTORS PROOF OF WORKERS' COMPENSATION INSURANCE FORM

ALL Applicants must complete Section 1, and either Section 2 or Section 3 as applicable.

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY STREET ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ SEC \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: AREA CODE (\_\_\_\_\_) \_\_\_\_\_

**THE FOLLOWING WILL NEED TO BE COMPLETED IF YOU INTEND TO EMPLOY ANY INDIVIDUAL TO PERFORM WORK:**

CONTRACTOR'S FEDERAL OR STATE EMPLOYER ID#: \_\_\_\_\_

NAME AND ADDRESS OF INSURANCE CARRIER: \_\_\_\_\_

WORKERS' COMPENSATION  
POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**Certificate of WORKERS COMPENSATION Insurance *MUST* accompany this form.  
The Township cannot accept Certificates denoting General and/or Automobile Liabilities.**

**THE FOLLOWING SECTION MUST BE SIGNED BEFORE A NOTARY PUBLIC IF YOU DO NOT INTEND TO HAVE EMPLOYEES PERFORMING THE WORK.**

I, \_\_\_\_\_, contractor/subcontractor at the above referenced location, do hereby file an affidavit of exemption from workers' compensation insurance, and attest that I am not obligated to maintain workers' compensation insurance under the Pennsylvania Act 736, No. 338, and understand that I will not be permitted to employ any individual to perform work at the above referenced location.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature  
of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

**County of PIKE  
Township of DINGMAN**

(SEAL)

**TO ALL APPLICANTS AND CONTRACTORS:**

**Under Senate Bill Nov. 1, 1993, (P.L. 736, No. 338). Contractors are now required to submit proof-of-insurance prior to the issuance of all building permits.**

**Every municipality issuing a building permit shall be named as a workers' compensation policy certificate holder of a contractor issued building permit. This certificate shall be filed with the municipality's copy of the building permit. An insurer issuing a policy which names a municipality as a worker's compensation policy certificate holder pursuant to this section shall be required to notify that municipality of the expiration or cancellation of any such policy of insurance or policy certificate within three working days of such cancellation or expiration.**

**A municipality shall issue a stop-work order to a contractor who is performing work pursuant to a building permit, upon receiving actual notice that the contractor's workers' compensation insurance or State approved self insured status has been canceled.**

**If the municipality receives actual notice that a permittee, having filed an affidavit of exemption from worker's compensation insurance, has hired persons to perform work pursuant to a building permit and does not maintain required workers' compensation insurance, the municipality shall issue a stop-work order. This order shall remain in effect until proper workers' compensation coverage is obtained for all work performed pursuant to the building permit.**

**"Proof of Insurance" shall include a certificate of insurance or self-insurance, demonstrating current coverage and compliance with the requirements of his act, the Occupational Disease Ace, and the Longshore and Harbor Workers' Compensation Act (44 Stat. 1424, 33 U.S.C. 901 et seq.), its amendments and supplements, where applicable.**

**DINGMAN TOWNSHIP  
BOARD OF SUPERVISORS**