

HANOVER TOWNSHIP REQUIREMENTS UNDER WORKERS COMPENSATION
ACT 44

MUNICIPALITY: HANOVER TOWNSHIP

LICENSE NO: _____

(1) The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits:

(CHECK ONE):

- _____ Certificate of Insurance (please attach)
_____ Certificate of Self-Insurance (please attach)
_____ Affidavit of Exemption (please attach)

(2) If a certificate of Insurance or Self-Insurance has been submitted please complete the following:

INSURANCE COMPANY'S INFORMATION

Name of Insurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy No: _____ Coverage period ends: _____

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 Insurance.

4. The contractor/policy holder 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 penalties as provided by the law.

(3) If an exemption is being claimed, please complete the following:

Basis for exemption:

_____ Contractor/applicant is a sole proprietorship without employees

_____ Contractor/applicant is a corporation, and only the employees working on the project have and are qualified as "Executive Employees" under section 104 of the Workers' Compensation Act.

PLEASE EXPLAIN: (#3)

_____ 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) _____

Any subcontractor used on this project will be required to carry their own Workers' Compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violations of the Act. Violations of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop work order, 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 unworn falsifications to authorities.

SIGNATURE

TITLE-TYPE OF CONTRACTOR

NAME (PLEASE PRINT)

NAME OF COMPANY

DATE ISSUED: _____