

# BOROUGH OF CRAFTON

## WORKERS' COMPENSATION INFORMATION FORM

(THIS FORM REQUIRES A NOTARY SEAL)

SITE ADDRESS: \_\_\_\_\_ LOT & BLOCK: \_\_\_\_\_

### AFFIDAVIT OF EXEMPTION

The undersigned affirms that he/she is not required to provide workers compensation insurance under the provisions of the Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- Property owner performing own work.** If property owner does hire a contractor to perform any work pursuant to this building permit, the contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with these requirements.
- Contractor has no employees.** The Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.
- Religious exemption under the Worker's Compensation Law.** All employees or contractor are exempt from worker's compensation insurance (attach copies of religious exemption letter for all employees).
- Use this form when applicable to **part "C"** on the workers' compensation form.

SIGNATURE OF APPLICANT OR AGENT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY OF \_\_\_\_\_

STATE OF PENNSYLVANIA

NOTARY PUBLIC SEAL:

*Subscribed, sworn and acknowledged before me by the above,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.*

\_\_\_\_\_  
NOTARY'S SIGNATURE