

NEW LONDON TOWNSHIP  
WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION  
Addendum to Application for Building Permit

I. Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

A. Applicant is contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES (Complete Sections II, III, IV, V and VI below as appropriate)

NO (Complete Sections IV, V and VI below)

B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES  NO

Complete Sections IV, V and VI below

II. Applicant's Federal or State Identification Number: \_\_\_\_\_

III. Insurance Information

If Applicant is a qualified self-insurer for Workers' Compensation, attach Certificate of Insurance to this Addendum. If Applicant subscribes for Workers' Compensation Insurance:

Name and address of Workers' Compensation Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

**ATTACH CERTIFICATE OF INSURANCE TO THIS ADDENDUM**

***NOTE: New London Township must be named as an additional insured on all Certificates of Workers' Compensation and/or on all Certificates of Qualified Self-Insurance.***

IV. Exemption

This Section to be completed ONLY if Applicant is a contractor claiming exemption from providing Workers' Compensation Insurance. The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provision of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Applicant is property owner and doing own work

Applicant has no employees

Applicant claims religious exemption under the Workers' Compensation Law

***NOTE: In the event that New London Township receives verification that a building permittee has filed an affidavit of exemption from Workers Compensation, has hired employees to perform work in connection with the building permit and has not obtained the required Insurance and provided New London Township with the requisite information, New London Township shall issue a stop work order. Such stop work order shall remain in effect until proper Workers' Compensation coverage is obtained and proper documentation is received by New London Township.***

V. Applicant's signature below indicates that Applicant understands and accepts the requirements of this form.

\_\_\_\_\_  
Applicant's Signature

VI. Notarization

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF CHESTER

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

\_\_\_\_\_  
Notary Public

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