Solebury
a natural choice

WORKER'S COMPENSATION EXEMPTION FORM

This form must be completed by each contractor involved in the project who is claiming exemption from providing workers compensation insurance. **All exemption forms must be notarized.**

APPLICANT NAME _____

PA LICENSE # _____ **POLICY EXPIRATION DATE** _____

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

- ○ **Contractor with no employees.** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.
- ○ **Religious exemption** under Worker's Compensation Law.

APPLICANT SIGNATURE _____ **DATE** _____

NOTORIZATION

The following section must be completed by a Notary Public.

Subscribed and sworn to me this ____ day

of _____ , _____ .

Signature _____

Commission Expiration Date _____

SEAL

3092 SUGAN ROAD P.O. Box 139 SOLEBURY, PENNSYLVANIA 18963 - PHONE (215) 297-5656 - FAX (215) 297-8402
permitdept@soleburytwp.org