



**Heidelberg Township Zoning Office**  
Lehigh County, Pennsylvania  
6272 Route 309 Suite A New Tripoli, PA 18066  
Phone 610-767-9297 Fax 484-265-0097

**Workers' Compensation Insurance Coverage Information**  
(Attach to Building Permit Application)

**A. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law**

- Yes\*  
 No

\*If the answer is "yes" complete Sections B and C below as appropriate.

**B. Insurance Information**

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

- Certificate attached

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

Workers' Compensation Insurance Policy No.: \_\_\_\_\_

- Certificate attached

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

**C. Exemption**

Complete Section C if the 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 provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- 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 township.
- Religious exemption under the Workers' Compensation Law.

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

\*\* Notarization required if signature is not witnessed by the township personnel.

\_\_\_\_\_  
(Signature of Notary Public)  
My commission expires: \_\_\_\_\_

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

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

County: \_\_\_\_\_

Municipality: \_\_\_\_\_

Seal