

WEST MEAD TOWNSHIP
1150 MORGAN VILLAGE ROAD
MEADVILL, PA 16335
Phone 814-336-1271 Fax 814-336-1707
www.westmead.org

Affidavit of Exemption

Workers' Compensation Insurance Coverage Certificate

THIS FORM REQUIRES A NOTARY SEAL

The undersigned hereby certifies 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:

_____ Property owner is performing his/her own work. If property owner does intend to hire a contractor to perform any work pursuant to this building permit, the contractor must provide proof of workers' compensation insurance to West Mead Township. The property owner assumes all liability for contractor compliance with this requirement.

_____ Contractor has no employees. The Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of workers' compensation insurance to West Mead Township.

_____ Religious exemption under the Workers' Compensation Law. All employees of the contractor are exempt from workers' compensation insurance and copies of religious exemption letters for all employees must be attached.

Applicant Signature

Applicant PRINTED Name

Applicant Address

Applicant City, State, Zip Code

Applicant Municipality, County

Applicant Phone Number

Subscribed, sworn to and acknowledged
before me this _____ day of
_____, 20____.

Notary Public

SEAL