

**WHITEHALL TOWNSHIP
BUREAU OF DEVELOPMENT
3219 MacArthur Road
Whitehall, PA 18052
Phone (610) 437-5524 Ext. 131**

**PENNSYLVANIA WORKERS' COMPENSATION INSURANCE
COVERAGE INFORMATION**

Pennsylvania State Law, Act 44, requires the submission to the Township, proof of workers' compensation insurance or a notarized affidavit stating that workers' compensation insurance is not required, before a building permit may be issued. **NO permits will be accepted or issued without this paperwork.**

Certificates of Insurance, citing specifically Workers' Compensation coverage, are required prior to the securing of any building permits.

Where Workers' Compensation insurance is required, the proof of insurance that is to be submitted is to consist of a Certificate of Insurance, or self-insurance, reflecting the "current" coverage and compliance with the requirements of the Workers' Compensation Act, the Occupational Disease Act, and the Longshore and Harbor Workers' Compensation Act. The building permit applicant will secure a Certificate from the Department of Labor and Industry. In either event, the Municipality is to be named as a policy certificate holder.

Insurers are required to notify municipalities of the "expiration or cancellation" of coverage within three (3) working days of the date of expiration or cancellation. Whitehall Township requires notification from self-insurers as well as commercial insurers.

For further information or questions regarding the Pennsylvania Workers' Compensation Act or coverage that is acceptable, please contact:

State Worker's Insurance Fund
100 Lackawanna Avenue
Scranton, PA 18505
(570) 963-4635

Certificates should be made out to:

**Whitehall Township
3219 MacArthur Road
Whitehall, PA 18052
Fax # 610-435-5518**

PLEASE NOTE:

WHITEHALL TOWNSHIP WILL NO LONGER BE KEEPING COPIES OF INSURANCE CERTIFICATES ON FILE. A NEW INSURANCE CERTIFICATE MUST BE PRESENTED WITH EACH AND EVERY PERMIT APPLICATION AT THE TIME OF SUBMISSION. NO PERMITS WILL BE ACCEPTED WITHOUT THIS PAPERWORK.

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WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant is:

The Applicant is within the meaning of the Pennsylvania Workers' Compensation Law

YES _____

NO _____

**B. Insurance Information:
(Please Complete this Section)**

Applicant Name: _____

Company Name: _____

Mailing Address: _____

Phone Number: _____

Federal or State Employer Identification Number (EIN): _____

Whitehall Township Business License Number: _____

C. Exemption:

If an exemption is being claimed, please complete the following and sign in the presence of a Notary Public:

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 below:

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 the Workers' Compensation Law.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____ 20 _____

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

(SEAL)

SIGNATURE OF APPLICANT

PRINT NAME