WORKERS' COMPENSATION ACT ADDENDUM TO BUILDING PERMIT

PERMIT NO. _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (Check One) :

- ☐ Certificate of Insurance (please attach)
- ☐ Certificate of Self-Insurance (please attach)
- ☐ Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____ Name of Contractor _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Federal or State EIN _____

1. This police provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and where applicable, the Federal Long shore and Harbor Worker's Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named as a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

- ☐ Applicant is an individual who owns the property
- ☐ Contractor/Applicant is a sole proprietorship without employees
- ☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please Explain:

  _____
- ☐ All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

  _____
- ☐ Other. Explain:

  _____

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Federal or State EIN _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn to before me this _____

Day of _____, 20 _____

My commission expires:

_____

_____ **Signature**

_____ **Print Name**

_____ **Title**

_____ **Company Name**