

KIDDER TOWNSHIP
Code Enforcement Office
P. O. Box 576
Lake Harmony, PA 18624
(office) 570-722-5693 (fax) 570-722-5636
Kiddertownship.org

INSURANCE COVERAGE INFORMATION:

A. Insurance Information

Name of Contractor: _____

Federal or State Employer I.D. No. _____

Contractor 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: _____

B. Exemption

Contractor must complete this section if 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 the Pennsylvania's Workers' Compensation Law for one of the following reasons:

Contractor with no employees. Contractor is 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 Workers' Compensation Law.

Contractor Signature: _____

Address: _____

County: _____

Dated: _____