

WORKERS' COMPENSATION AFFIDAVIT

(To be completed when Contractor is claiming exemption from providing Workers' Compensation Insurance)

****AFFIDAVIT VALID FOR ONE YEAR FROM DATE OF EXECUTION.****

COMMONWEALTH OF PENNSYLVANIA :
 : SS
COUNTY OF :

Before me, the undersigned notary public, this day, personally appeared

_____ of _____

to me known (or satisfactorily proven), who being duly sworn according to law, deposes that he/she is not required to provide workers' compensation insurance for one of the following reason(s):

- Contractor with no employees. Contractor is prohibited by law from employing individuals to perform any work pursuant to this building permit unless contractor provides proof of insurance, as required.
- Religious exemption under workers' compensation law.

Affiant Signature

Sworn to and subscribed before me this ____ day
of _____, 20__.

Notary Public