



Upper Merion Township 175 West Valley Forge Road, King of Prussia, PA 19406

610-205-8507

610-265-8467 Fax

Contractor Name: _____

WORKER'S COMPENSATION INSURANCE COVERAGE EXEMPTION

*Complete if Contractor claims exemption from providing Worker's Compensation Insurance.

Commonwealth of Pennsylvania

County of _____

Before me, _____, a Notary Public,
the undersigned Officer, this day personally appeared

(Name of Applicant)

(Address of Applicant)

to me known (or satisfactorily proven), who being duly sworn according to law, deposes and says:

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:

_____ **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 Worker's Compensation Law.**

And further sayeth not.

Subscribed and sworn before me this _____ day of _____ 20__

Signature of Applicant

Print Name

(Signature of Notary Public)

My commission expires on _____