



TREDYFFRIN TOWNSHIP

1100 Duportail Road, Berwyn, PA 19312
Phone: 610-644-1400 Fax: 610-993-9186 www.tredyffrin.org

AFFIDAVIT OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE COVERAGE (in compliance with the Pennsylvania Workers' Compensation Act)

Addendum To Building Permit

THE APPLICANT IS:

- Contractor without employees, as defined in the Workers' Compensation Act
- Contractor with employees, all of whom are exempt on religious grounds under Section 304.2 of the WC Act
- Property owner/tenant

Name of Applicant: _____ Name of
Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Federal or State Employer I.D. No.: _____ or Social Security No.: _____

- All Subcontractors working on this project must provide their own worker's compensation coverage.
- The applicant may not employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Act.
- Violation of the Worker's 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.

The above statements are true and correct.

Subscribed and sworn to before me this

_____ day of _____ 20 _____

Signature

Name (Please Print)

Signature of Notary Public