

Addendum to Construction Permit

The applicant for the construction permit, pursuant PA Act 44 of 1993, submits:

- Certificate of Insurance – complete Sections I, III, & IV
- Certificate of Self-Insurance – complete Sections I, III, & IV.
- Affidavit of Exemption – complete Sections II, III, & IV.

- I. Attach the certificate of Insurance of Certificate of Self-insurance as proof of Worker’s Compensation. The municipality must be named as the “Certificate Holder”. Please complete the following:

Name of Insurer _____

Address _____

City _____ State _____ Zip _____

Policy number _____ Expiration date _____

Name of Policyholder (Contractor) _____

Address _____

City _____ State _____ Zip _____

Federal or State employer identification number _____

1. This policy provides coverage for the requirements of the Worker’s Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Worker’s Compensation Act.
2. The insurer has been notified that the municipality issuing the permit is to be named as a certificate holder.
3. Any subcontractors used on this project will be required to have Worker’s Compensation Coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of the policy.
5. Violation of the Worker’s Compensation Act will result in the issuance of a “stop-work” order and/or any remedies allowed by law

II. If an exemption is claimed, complete the following:

Basis for exemption (check one)

- Applicant is an individual who owns the property.
 - Contractor is a sole proprietorship without employees.
 - Contractor/Applicant is a corporation, and employees working on the project qualify as “executive employees” under section 104 of the Worker’s Compensation Act.
 - All of the contractor’s employees are exempt on religious grounds under section 304.2 of the Worker’s Compensation Act (attach an explanatory sheet).
 - Other. (attach an explanatory sheet)
1. Any subcontractors used on this project are required to carry Worker’s Compensation Insurance.
 2. The Applicant is not permitted to employ any individual to perform work on this project in violation of the act.
 3. Violation of the Worker’s Compensation Act will result in the issuance of a “stop-work” order and/or any remedies available to the municipality.

II. Name of applicant _____

Address _____

City _____ State _____ Zip _____

My signature on behalf of or as the contractor/applicant constitutes my verification that the statements contained here are accurate and true, otherwise I am subject to penalties of 18 Pa. C.S.A. 4904 relating to un-sworn falsifications to authorities.

IV.

Signature

Title

Print Name

Company Name