BOROUGH OF LAURELDALE
3406 KUTZTOWN ROAD
LAURELDALE, PA 19605
Phone (610) 929-8700
Fax (610) 929-4272

WORKER'S COMPENSATION

I, _____, do solemnly swear that I will not employ/hire any other persons for any projects for which I am seeking building permits in the Borough of Laureldale.

After receipt of the building permit, if I employ any other persons, I must notify the borough office and provide proof of worker's compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (p.L.736), known as The Pennsylvania Workers Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July2, 1993.

_____
Signature

_____
Contractor/Business Name

_____
Date

THIS FORM IS VALID FOR ONE (1) YEAR FROM SIGNATURE DATE