Manheim Borough

CODES DEPARTMENT
60 W Colebrook Street, Manheim, PA 17545
Phone 717.665.2461 Fax 717.665.7324

Pennsylvania Workers' Compensation Exemption

If a Workers' Compensation exemption is being claimed, please complete this form and sign in the presence of a Notary Public.

Note: If an exemption is claimed, this form will be maintained in Manheim Boroughs records only through December 31 of the year in which it was submitted. It is the responsibility of the Contractor to renew this form annually. If the Contractor wished to provide a certificate of Workers' Compensation Insurance, the Contractor must notify their insurance company that Manheim Borough is to be named as the policy holder of the certificate.

Basis for exemption (indicate one):

- □ The Contractor for this building permit is a sole proprietorship without employees
- □ The Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

  _____
  _____
  _____

- □ All of the Contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

  _____
  _____
  _____

- □ Other – Please explain:

  _____
  _____
  _____

Please be aware of the following requirements under the Pennsylvania Workers' Compensation Act:

- → This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and where applicable, the federal Longshore and Harbor Workers' Compensation Act.
- → The Insurer has been notified that that the municipality issuing the building permit is to be named a policy certificate holder
- → Any Subcontractors used on this policy will be required to carry their own workers' compensation coverage
- → Violation of the Workers' Compensation Act or terms of this information form will subject the Contractor to a stop-work order and other fines and penalties as provided by law

Applicant Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____ 20_____