

WORKERS' COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- ☐ Certificate of Insurance OR Certificate of Self-Insurance (please attach)
- ☐ Affidavit of Exemption

PART II

Basis for exemption (check one):

- ☐ Applicant is an individual who owns the property
- ☐ Contractor/Applicant is a sole proprietorship without employees
- ☐ Contractor/Applicant 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/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

- ☐ Other: Please explain: _____

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

Signature: _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' 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.