# CITY OF CLAIRTON

James A. Cerqua, Mayor

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## AFFIDAVIT OF EXEMPTION

THIS FORM REQUIRES A NOTARY SEAL

**The undersigned affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated:**

_____Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of Worker's Compensation Insurance to The City of Clairton Building Inspector. Homeowner assumes liability for contractor compliance with this requirement.

_____Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the City of Clairton Building Inspector.

_____
Signature of Applicant/Contractor

Address: _____
Phone: _____
Date: _____
County of _____
Municipality of _____

**SEAL:**

**Subscribed, sworn to and acknowledged before me by the above _____ this _____ day of _____, 2015**

_____
**Notary Public**