



EAST GOSHEN TOWNSHIP CONTRACTOR INFORMATION FORM

1580 PAOLI PIKE. WEST CHESTER. PA 19380-6199
PHONE (610)-692-7171 FAX (610)-692-8950 Website www.eastgoshen.org

PLEASE PRINT

Complete the applicable items and provide information as required by the East Goshen Township Code: §124.

1. Complete Contractor Information Form below.
2. Copy of General Liability Insurance certificate. §124-5.
EAST GOSHEN TOWNSHIP SHALL BE LISTED AS A CERTIFICATE HOLDER ON ALL INSURANCE CERTIFICATES.
3. Copy of Worker's Compensation Insurance. *(If applicable)*
If you are self-employed and are not required to carry Worker's Compensation, or claim religious exemption from Worker's Compensation, you must provide a completed affidavit with your application. *See Item # 4.*
4. Signed Affidavit regarding Worker's Compensation. *(Page 2 of Application)*
The Commonwealth of PA requires contractors to be covered by Worker's Compensation Insurance. *(This applies only to contractors who do NOT have employees)* If you do not have employees, and additional contractors and/or subcontractors are working on the project, **ALL** must complete and submit individual contractor information forms.
5. **Check for \$25.00** *(if applicable)* **Commercial Contractors & New Home Construction Contractors/Subcontractors.**
NOTE: Residential home improvement contractors shall provide a copy of their PA HIC # and thereby are not required to submit the contractor's registration fee to East Goshen Township unless they are working on new dwellings or commercial projects or do not qualify under the requirements of the PA Home Improvement Consumer Protection Act 132.

Please contact the Township Code Department with any questions you might have regarding the above instructions.

Business Name: _____

Address: _____

City/State: _____ Zip: _____

Phone #: _____ Cell #: _____

Fax: _____ E-mail: _____

Business Owners' Name: _____

Contractor Type (applicable) General Plumbing Mechanical Electrical Other

Classification (): Residential Commercial Residential and Commercial

TWP Registration # _____ PA HIC # _____ PA HIC Expiration Date _____

I hereby verify and affirm that all information on this application is true, correct and complete to the best of my ability and belief. I understand that if this application and information has been made with fraudulent intent, I may be guilty of a misdemeanor of the second degree punishable by a fine up to \$5000 and/or imprisonment up to two years upon conviction, pursuant to 18PA C.S.A. #4904 relating to unsworn falsification to authorities.

Date: _____

Signature of Applicant: _____

Please Print: _____



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AFFIDAVIT REGARDING WORKER'S COMPENSATION INSURANCE

I affirm that I am a contractor within the meaning of Pennsylvania's Worker's Compensation Law.

(Check one that applies)

1. I am self-employed and have **no employees**. Under State Law, I am not required to obtain Worker's Compensation Insurance coverage.
2. I declare religious exemption as allowed under the Worker's Compensation Law.

While performing work in East Goshen Township, I will not hire any employees without obtaining Worker's Compensation Insurance coverage and notifying East Goshen Township.

Signature: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____