

WORKERS' COMPENSATION AFFIDAVIT OF EXEMPTION

EAST GOSHEN TOWNSHIP
DEPARTMENT OF CODE ENFORCEMENT
1580 PAOLI PIKE WEST CHESTER, PA 19380-6199
PHONE (610)-692-7171 codes@eastgoshen.org

The undersigned does swear or affirm that they are not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated (*Check One*):

- Property owner working on own property - *I understand that I may not employ any other person(s) without amending my permit application and providing to the Township proof of Workers' Compensation Insurance within three (3) working days. Failure to do so will result in issuance of a STOP WORK ORDER until proof of coverage is submitted.*

- Contractor with no employees - *I understand that I may not employ any other person(s) without amending my permit application and providing to the Township proof of Workers' Compensation Insurance within three (3) working days. Failure to do so will result in issuance of a STOP WORK ORDER until proof of coverage is submitted.*

- Religious exemption recognized by Workers' Compensation Law.

Business name

Signature of applicant

Sworn and subscribed to before me this

_____ day of _____, 20_____.

Notary Public