



## EAST PENNSBORO TOWNSHIP

### WORKERS' COMPENSATION AFFIDAVIT OF EXEMPTION

The undersigned does swear or affirm that he/she is 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.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public