

# Borough of Highspire

640 ESHELMAN STREET  
HIGHSPIRE, PA 17034

## WORKERS' COMPENSATION INSURANCE COVERAGE AFFIDAVIT ACT 44-1993

|                  |  |
|------------------|--|
| <b>SECTION 1</b> | <b>APPLICANT</b> (Check Appropriate Box)   |
|                  | Applicant is the property owner and not a contractor within the meaning of the Pennsylvania Worker's Compensation Law <b>(complete only Section 3)</b> |
|                  | Contractor within the meaning of the Pennsylvania Workers' Compensation Law <b>(complete Section 2 and 3)</b>  |

**Please Note:** Documentation shall be also provided for all subcontractors.

|                                    |                              |
|------------------------------------|------------------------------|
| <b>SECTION 2</b>                   | <b>INSURANCE INFORMATION</b> |
| Contractor Name/Policyholder:      |                              |
| Federal or State EIN No.:          |                              |
| Address:                           |                              |
| City, State, Zip Code:             |                              |
| Name of Insurer or Self-Insurer:   |                              |
| Address:                           |                              |
| City, State, Zip Code:             |                              |
| Policy No.:                        |                              |
| Policy Expiration Date (mm/dd/yy): |                              |

|   |  |
|---|--|
| <b>SECTION 3</b>  | <b>EXEMPTION</b>   |
| The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated: |  |
|   | Property owner performing own work (form to be signed and dated only)  |
|   | Contractor/Applicant is a sole proprietorship without employees (form shall be signed, dated, and notarized)   |
|   | Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act (form shall be signed, dated, and notarized - attach copies of religious letters for all employees) |

**SECTION 4****VALIDATION**

SWORN and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Name (Print)\_\_\_\_\_  
Notary Public\_\_\_\_\_  
Applicant's Address\_\_\_\_\_  
City, State, Zip

Seal

\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Date