

Phone: 570.421.8300 Fax: 570.421.5575 Web: www.eaststroudsburgboro.org

EXEMPTION FORM

Complete this if the applicant is a contractor claiming exemption from providing worker's compensation insurance.

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

______ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuance to this building permit unless Contractor provides proof of insurance to the Borough.

_____ Religious exemption under the Workers' Compensation Law.

Please complete:

Name:_____ Address:______ County of:_____ Municipality of:_____ Signature of Applicant:_____ Date:

Good for one year from date signed