



24 Analomink Street, East Stroudsburg PA 18301

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 pursuant 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*