

**WORKERS' COMPENSATION & INSURANCE INFORMATION FORM**

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**SECTION A — APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contractor (if applicable): \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Project Address: \_\_\_\_\_

Newtown Borough, Bucks County, PA 18940

**CHECK ONE**

Owner performing work (no contractor). The applicant will perform the work covered under this permit and will not hire a contractor or subcontractor without first submitting additional insurance information as required by applicable code provisions.

Owner hiring a contractor. The applicant has hired or will hire a contractor to perform the work. A copy of this form shall be provided to all contractors, who must submit properly completed applications prior to issuance of the permit.

Applicant is the contractor. Sections A and B must be completed, and Section C if applicable.

I verify that the information provided is true and correct to the best of my knowledge, information, and belief. I understand that false statements are subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B — INSURANCE INFORMATION (CONTRACTORS ONLY)**

Federal or State Employer Identification Number: \_\_\_\_\_

Are you a qualified self-insurer for Workers' Compensation purposes?  Yes  No

If yes, attach a certificate of self-insurance.

If not self-insured, provide the following information:

Workers' Compensation Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Contractors and subcontractors shall provide Newtown Borough with a Workers' Compensation Certificate of Insurance showing effective dates of coverage and bearing the insurer's signature. Certificates must be maintained on file and are required with each building permit.

Certificates of Insurance shall identify the Borough of Newtown, 23 N. State Street, Newtown, PA 18940, as Certificate Holder or Additional Insured, and shall include the contractor's name, address, telephone number, and the address where the work will be performed.

I verify that the information provided is true and correct to the best of my knowledge, information, and belief. I understand that false statements are subject to the penalties of 18 Pa.C.S.A. § 4904.

Signature of Contractor / Subcontractor: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION C — EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

This section shall be completed and notarized only if an exemption from Workers' Compensation Insurance is claimed.

I hereby claim an exemption from providing Workers' Compensation Insurance for the following reason:

Religious exemption under the Pennsylvania Workers' Compensation Law.

### **INSTRUCTIONS FOR PROVIDING WORKERS' COMPENSATION INSURANCE INFORMATION**

All applicants for a building permit in Newtown Borough must complete Section A.

Contractors must also complete Section B. Property owners performing their own work are exempt from providing insurance information.

Submit form to: [buildingandzoning@boroughofnewtown.com](mailto:buildingandzoning@boroughofnewtown.com)

A contractor is any party who contracts to perform work involving earth disturbance, removal of materials, or work that is a regular or recurrent part of a business, trade, or occupation.

This form is required pursuant to the Pennsylvania Workers' Compensation Law, Act 44 of 1993, which requires the Borough to verify insurance coverage or a valid exemption prior to issuing a building permit.

Contractors required to furnish proof of insurance shall provide a certificate of insurance or proof of self-insurance demonstrating current compliance with Act 44.

Contractors shall notify their insurer that Newtown Borough is a certificate holder. Insurers are required to notify the Borough within three (3) working days of any policy expiration or cancellation.

Upon notice of cancellation or lapse of coverage, the Borough will issue a STOP-WORK ORDER until valid coverage is restored.

Responsibility for notification of policy expiration or cancellation rests solely with the contractor and the insurer.

Contractors with no employees may claim an exemption but are prohibited from hiring employees unless Workers' Compensation coverage is subsequently provided. Religious exemptions may apply and require completion of Section C.

Nothing herein shall be construed to create liability on the part of Newtown Borough. This form is intended solely to document compliance with the Pennsylvania Workers' Compensation Law.