



**WHITEHALL TOWNSHIP  
PENNSYLVANIA WORKERS' COMPENSATION COVERAGE INFORMATION**

Revised JANUARY 2022

Pennsylvania State Law, Act 44, requires the submission to the Township, proof of workers' compensation insurance or a notarized affidavit stating that workers' compensation insurance is not required, ***before*** a building permit may be issued. **No permits will be accepted or issued without this paperwork.**

Certificates of Insurance, citing specifically Workers' Compensation coverage, are required prior to the securing of any building permits.

Where Workers' Compensation insurance is required, the proof of insurance that is to be submitted is to consist of a Certificate of Insurance, or self-insurance, reflecting the "*current*" coverage and compliance with the requirements of the Workers' Compensation Act, the Occupational Disease Act, and the Longshore and Harbor Workers' Compensation Act. The building permit applicant will secure a Certificate from the Department of Labor and Industry. In either event, the Municipality is to be named as a policy certificate holder.

Insurers are required to notify municipalities of the "expiration or cancellation" of coverage within three (3) working days of the date of expiration or cancellation. Whitehall Township requires notification from self-insurers as well as commercial insurers.

For further information or questions regarding the Pennsylvania Workers' Compensation Act or coverage that is acceptable, please contact:

State Worker's Insurance Fund  
100 Lackawanna Avenue #300  
Scranton, PA 18505  
(570) 963-4635

**All certificates are made out to:**

**Whitehall Township  
3219 MacArthur Road  
Whitehall, PA 18052  
Fax # 610-435-5518**

**PLEASE NOTE:**

Whitehall Township does not keep copies of insurance certificates on file. A new insurance certificate must be presented with ***each and every*** permit application ***at the time of submission.*** **No permits will be accepted without this paperwork.**

**WHITEHALL TOWNSHIP  
BUREAU OF PLANNING, ZONING & DEVELOPMENT  
WORKERS' COMPENSATION INSURANCE  
COVERAGE INFORMATION**

*This form is to be accompanied by a completed Permit application. If claiming an exemption, this form must be notarized.*

**A. The Applicant is:**

A Contractor within the meaning of the Pennsylvania Workers' Compensation Law

YES                       NO

If the answer is "YES", complete Section B and C below as appropriate.

**B. Insurance Information (Must complete):**

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

Company/Business Name: \_\_\_\_\_

Federal or State Employer Identification No. (EIN): \_\_\_\_\_

Whitehall Township Business License Number: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation

Certificate Attached

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Policy No.: \_\_\_\_\_

Certificate Attached                      Policy Expiration Date: \_\_\_\_\_

**C. Exemption:**

Complete Section C if the Applicant is a Contractor claiming exemption from providing workers' compensation insurance. **THIS FORM MUST BE NOTARIZED.**

*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:*

**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 Township.

**Religious exemption under the Workers' Compensation Law.**

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
Printed Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Seal)