



Springfield Township – Bucks County, Pennsylvania

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WORKERS' COMPENSATION INSURANCE EXEMPTION AFFIDAVIT

MUST BE COMPLETED IF APPLICANT CANNOT PROVIDE WORKER'S COMPENSATION INSURANCE.

THE UNDERSIGNED SWEARS AND AFFIRMS THAT THEY ARE NOT REQUIRED TO PROVIDE WORKERS' COMPENSATION INSURANCE UNDER THE PROVISIONS OF THE PENNSYLVANIA WORKERS' COMPENSATION LAW. APPLICANT INDICATES THE FOLLOWING REASON FOR EXEMPTION (INITIAL ONE OPTION):

_____ CONTRACTOR HAS NO EMPLOYEES. **THE CONTRACTOR IS PROHIBITED BY LAW FROM EMPLOYING AN INDIVIDUAL TO PERFORM WORK PURSUANT TO THIS BUILDING PERMIT UNLESS THE CONTRACTOR PROVIDES PROOF OF WORKERS' COMPENSATION INSURANCE TO SPRINGFIELD TOWNSHIP.**

_____ RELIGIOUS EXEMPTION IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION LAW.

FEDERAL OR STATE EMPLOYER IDENTIFICATION NUMBER:

APPLICANT CONTACT INFORMATION:

PHONE NUMBER: _____ ADDRESS: _____

TODAY'S DATE: _____

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

THIS FORM MUST BE NOTARIZED.

STATE OF _____

COUNTY OF _____

SIGNED AND SWORN TO (OR AFFIRMED) BEFORE ME, THE UNDERSIGNED NOTARY,

BY _____ (NAME(S) OF INDIVIDUAL(S) MAKING STATEMENT) ON THE

_____ DAY OF _____ 20_____

(SIGNATURE OF NOTARY PUBLIC)

(SEAL)

MY COMMISSION EXPIRES: _____