

December 26, 2008

To: Contractors and Construction Permit Customers
From: Department of Community Development
Subject: Worker's Compensation Insurance Verification Fee

Enclosed is a Worker's Compensation Insurance Verification Form for the year 2009 and an Addendum to Permits. Please fill out all attached forms and return to our office with a payment of \$50 and proof of PA State Workers' Compensation Insurance. Permits cannot be released until the Worker's Compensation Insurance Verification Form and fee are received.

Also, for your convenience the Worker's Compensation Insurance Verification and the Addendum to Permits forms can be found on our website at www.lower-allen.pa.us.

If you have any questions, please feel free to contact the Department of Community Development by calling (717) 975-7575 or e-mail Staci Morgan at staci_morgan@lower-allen.pa.us. We thank you in advance for your cooperation.

- **All permit applications are also available on line at www.lower-allen.pa.us.**

**LOWER ALLEN TOWNSHIP
WORKER'S COMPENSATION INSURANCE VERIFICATION**

2009 Worker's Compensation Insurance Verification in Lower Allen Township is now due and payable. Fees and completed forms must be received before you can obtain a permit. Please complete the following and return with the fee and proof of PA Workers' Compensation Insurance.

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE _____ FAX _____

CONTACT PERSON _____

E-MAIL ADDRESS _____

TYPE OF CONTRACTING WORK PERFORMED _____

FEDERAL/STATE EMPLOYER ID# _____

If your business is a partnership, list partner names. If your business is a corporation, list corporate officers.

Worker's Compensation Insurance Verification Fee:

Your 2009 Lower Allen Worker's Compensation Insurance Verification Fee is \$50. This fee covers Lower Allen Township's administrative cost to see that all contractors doing work in Lower Allen Township comply with the Pennsylvania State Worker's Compensation laws.

Please mail your payment and proof of PA State Workers' Compensation to Lower Allen Township, 2233 Gettysburg Road, Camp Hill, Pennsylvania 17011. Checks should be made payable to "Lower Allen Township".

ADDENDUM TO PERMITS

I. The applicant for the permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (Please attach)
- Certificate of Self-Insurance (Please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
or Self-Insurer _____
Address _____
City _____ State _____ Zip Code _____
Policy No. _____ Coverage Ends _____

Name of Contractor _____
Address _____
City _____ State _____ Zip Code _____
Contractor Federal or State Employer Identification Number(EIN) _____

1. This policy provides coverage for the requirements of Workers' Compensation Acts, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that municipality issuing the permit is to be termed a policy certificate holder.
3. Any subcontractors need on this project will be required to carry their own workers' compensation coverage.
4. The contractor policyholder will notify the municipality of any change in status, cancellation or expiration workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop work order and other fines and penalties as provided by laws.

III. If an exemption is being claimed, please complete the following and signs in presence of notary public:

Basic for exemption (Check one):

- Applicant is an individual who owns property
- Contractor/Applicant is a sole Proprietorship without employees
- Contractor/Applicant is a corporation, and the only employee working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.
- All of the Contractor/Applicant's employees on the project are exempt on the religious grounds under Section 304.2 of the Workers Compensation Act.

Please explain: _____

Name of Applicant: _____

Address: _____

City: _____ State _____ Zip Code _____

Applicant Federal or State Employer Identification Number (EIN) _____

1. Any subcontractor used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit violation of the Act.
3. Violation of the Workers' Compensation Act of the Terms of this permit subject the applicant to a Stop-work order and there fines and penalties provided by law.

My signature on behalf of or as contractor/applicant for this permit constitutes my verification that the statement contained here are true, and that I am subject to the penalty of 18 PA C.S.A.S.4904 relating to unsworn falsifications to authorities.

Signature

Name (Please Print)

Title

Name of Company

Pennsylvania League of Cities and Municipalities

Note: Applicant's copy to be attached to permit and posted.

Municipality's copy to be filed with its permit copy.