



TOWAMENCIN TOWNSHIP

WORKER'S COMPENSATION EXEMPTION INSURANCE INFORMATION

Contractor's Business Name: _____

IF YOU ARE WORKER'S COMP EXEMPT...

Please complete and return to: 1090 Troxel Rd, Lansdale, PA 19446

or email to: permits@towamencin.org

II – EXEMPTION

Complete this section if applicant is claiming exemption from Worker's Compensation Insurance.

The undersigned applicant swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated below:

- ☐ 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 Worker's Compensation Law

Signature of Applicant _____

Address _____

City/State/Zip _____

County of _____