



# MIDDLETOWN TOWNSHIP

## WORKERS' COMPENSATION EXEMPTION FORM

27 N. Pennell Road | Media, PA 19063  
610-565-2700 | Fax 610-566-3640 [www.middletowndelcopa.gov](http://www.middletowndelcopa.gov)

The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes       No

If the answer is "yes," complete Section B or C below.

If the answer is "no" complete Section C below.

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### A. Insurance Information:

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

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for Workers' Compensation

Original Certificate attached.

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

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

Original Certificate attached.

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

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B. **Exemption** Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' Compensation insurance. The undersigned states 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.

**Homeowner** who elects to perform all of the work without contracting or hiring others to assist.

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

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Print name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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