

AFFIDAVIT
MUST BE NOTARIZED

WORKERS' COMPENSATION INSURANCE COVERAGE

A. Name of Applicant & Name of Business: _____

B. Current Address: _____

C. Insurance Information:

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

- () YES (I do have employees who are covered for Workers' Comp. Insurance)
() No (I do NOT have employees and do not carry Workers' Comp. Insurance)

- If you answered "YES", please complete the information requested below:
() Applicant is a qualified self-insurer for Workers' Compensation
() Insurance certificate attached.

Name of Workers' Comp. Insurer _____

- **If you answered "NO", please complete the exemption portions (D & E) of the form below:**

D. Exemption: COMPLETE THIS SECTION IF APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKERS' COMPENSATION INSURANCE

() Contractor with no employees. (Contractor prohibited by law from employing any individual to perform work pursuant to any building/zoning permit unless contractor provides proof of insurance to Trafford Borough.)

E. Notarization: APPLICANTS CLAIMING EXEMPTION TO COMPLETE THIS SECTION

I, _____, the above named applicant, do swear that the forgoing information is true and correct, and affix my signature hereto in the presence of a Notary Public.

Signature of Applicant _____

Subscribed and sworn to before me, this _____ day of _____, 20____

Signature of Notary Public _____

My commission expires: _____