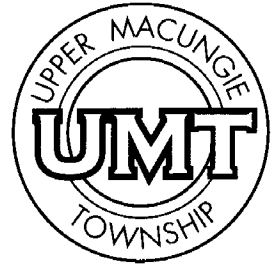


**UPPER MACUNGIE TOWNSHIP**

8330 SCHANTZ ROAD  
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

**Insurance Coverage Required**

FOR

**ALL Contractors Doing Work in the Township**

Dear Contractor:

All contractors doing work in Upper Macungie must have proof of insurance and Upper Macungie Township should be listed as a certificate holder. Please forward a copy of your certificate to 8330 Schantz Road, Breinigsville, PA 18031.

If the policy does not include Workers' Compensation coverage, we need the township form for Workers' Compensation Insurance Coverage completed, notarized, and returned to this office.

If you have any questions, please call (610) 395-4892 ext. 35.

Patricia Stark  
Permits Coordinator

for township file



**UPPER MACUNGIE TOWNSHIP**  
**WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS**  
**IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44**

**INSURANCE INFORMATION** (Attach Certificate of Insurance)

Name of Contractor \_\_\_\_\_

Federal or State Employer Identification Number \_\_\_\_\_

Contractor is a qualified self-insurer for Workers' Compensation.

Workers' Compensation Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EXEMPTION (Contractor is claiming exemption from providing Workers' Compensation Insurance)**

The undersigned swears or affirms 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 is prohibited by law from employing any individual to perform work pursuant to this permit unless the contractor provides proof of insurance to the Township.
- Religious exemption** under the Workers' Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Contractor Claiming Exemption

Contractor Name (printed) \_\_\_\_\_

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

County \_\_\_\_\_ Municipality \_\_\_\_\_