

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township
8330 Schantz Road
Breinigsville, PA 18031
Fax to 610-395-9355
Email: sharons@uppermac.org

If you have any questions, please contact me at 610-395-4892 Extension 35.

Thank you,

Sharon Stamm
Permit Coordinator
Upper Macungie Township

**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 No. _____

Contractor is a qualified self-insurer for workers' compensation

Workers' Compensation Insurer _____

Policy Number and 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's name printed _____

Complete Address _____

County and Municipality _____