



Borough of Grove City, Pennsylvania:

Certification of Worker's Compensation Coverage

123 W. Main Street, Grove City PA 16127

724-458-7060 724-458-4114(fax)

I. The application for building permit, in compliance with Act 44 of 1993, hereby submits:

_____ Certification of Worker's Compensation Coverage (complete Sec. II)

_____ Certificate of Self-Insurance (complete Sec. II)

_____ Affidavit of Exemption (complete Sec. III)

II. If a certification of Insurance of Self-Insurance has been submitted, please complete the following:

Name of Insurer: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy Number: _____ Coverage Ends Date: _____

Name of Contractor/Policy Holder: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor/Policy Holder Federal or State Employer ID#: _____

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore, and Harbor Worker's Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certification holder.
3. Any subcontractors used on this project will be required to carry their own worker's compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of worker's compensation coverage.
5. Violation of the Worker's Compensation Act of the terms of this permit will subject the contractor/policy holder to a stop-work order and other fines and penalties as provided by law.

(over)

III. If an exemption is being claimed, please complete the following. Sign, date, and return To the Grove City Borough Building with the Building Permit Application.

Basis for exemption (check one):

Application is an individual who owns the property.
 Contractor/application is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under section 104 of the Worker's Compensation Act. Please explain:

All of the contractor/application's employees on the project are exempt on religious Grounds under Section 304.2 of the Worker's Compensation Act. Please Explain:

Other reason for exemption. Please explain:

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal or State employer ID number: _____

1. Any subcontractors used on this project will be required to carry their own Worker's Compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Worker's Compensation Act or the terms for this building permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/application for this building permit constitutes my verification that the statements contained herein are true and that I am subject to the penalty of 18 PA. C.S.A. 4904 relating to unsworn falsifications to authorities.

Signature

Please Print Name

Title

Name of Company

Please complete this form and return it to the Grove City Borough Office with the Building Permit Application