

# BOROUGH OF DOWNINGTOWN

Code Enforcement Office  
4 W. LANCASTER AVENUE  
DOWNINGTOWN, PA 19335  
Phone: 610-269-0344, Ext. 208  
Fax: 610-269-1580  
WWW.DOWNINGTOWN.ORG

## WORKERS' COMPENSATION EXEMPTION

### THIS SECTION SHALL BE COMPLETED BY A NOTARY PUBLIC

COMPLETE IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM 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 prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.
  
- Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_