





**WILLISTOWN TOWNSHIP**  
688 Sugartown Road, Malvern PA 19355  
Phone: 610-647-5300 www.willistown.pa.us

**AFFIDAVIT OF EXEMPTION FROM  
WORKERS' COMPENSATION INSURANCE COVERAGE**  
(In compliance with the Pennsylvania Workers' Compensation Act)

**Form only needs to be filled out if contractor does not have  
Worker's Compensation through insurance carrier.**

THE APPLICANT IS:

- Contractor without employees, as defined in the Workers' Compensation Act
- Contractor with employees, all of whom are exempt on religious grounds under Section 304.2 of the WC Act

Name of Applicant: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer I.D. No.: \_\_\_\_\_

- All Subcontractors working on this project must provide their own worker's compensation coverage.
- The applicant may not employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Act.
- Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

The above statements are true and correct.

Applicant Signature

Name(Please Print)

Date

Commonwealth of Pennsylvania County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_

20\_\_\_\_

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