



Township of Cheltenham Building & Zoning Department
Worker's Compensation Insurance Coverage Information
Voice 215-887-6200, ext 213
FAX 215-887-1561

A. **The Applicant Is:** A contractor within the meaning of the Pennsylvania Worker's Compensation Law

Yes No

If the answer is "Yes", see Section B.

If the answer is "No", complete Section C and have notarized.

B. **Insurance Information**

The contractor/owner shall submit an original Certificate of Insurance ("COI") documenting that the contractor/owner has Worker's Compensation Insurance.

The Township of Cheltenham, 8230 Old York Road, Elkins Park, PA 19027 must be listed as a Certificate Holder. The following data must be shown on the COI:

- Attn: Building & Zoning Department
- Property address of work site

The Township will accept faxed a faxed copy of the COI directly from the insurance provider; however, the Township must receive the original COI within one (1) week of the issuance of the building permit.

C. **Exemption:**

Complete Section C if the applicant is a contractor exempt from providing Worker's Compensation Insurance or a homeowner acting as own contractor.

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of the Pennsylvania Worker's Compensation Law for one of the following reasons:

- Contractor with no employees or Homeowner. Contractor/Homeowner prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor/Homeowner provides proof of insurance to the Township.
- Religious exemption under the Pennsylvania Worker's Compensation Law

Subscribed and sworn to before me this

_____ Day of _____ 20 ____

County of _____

Municipality _____

Applicant Name _____

Signature of Applicant _____

Phone No. _____

Address _____

Work Location _____
