

Butler Township Workers' Compensation Information

If the homeowner is the contractor, please complete the following and stop at the dotted line.

I, _____, am the homeowner and am "Exempt from
(Print Name)

Workers' Compensation.

Homeowner's Signature

Date

If the homeowner is not the contractor for the building permit, the contractor in compliance with Act 44 of 1993, hereby submits the following information. Please check one of the following:

A current *Certificate of Insurance* showing proof of Workers' Compensation is attached to this form. The certificate must indicate **Butler Township** as the certificate holder. **Signature required below, but does not need notarized.**

The building permit contractor qualifies as "Exempt from Workers' Compensation". Please indicate the reason for the exemption by shading in one of the following. **Complete the box below and get notarized.**

- Contractor is a Sole Proprietor without employees.
- All of the contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Act. Explain in detail: attach as necessary.

- Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act. Explain the status of any/or all workers on the project: attach as necessary.

Name of Contractor / Company: _____

Address: _____

City _____ State _____ Zip Code _____

1. Any subcontractors used on this project will be required to carry their own workers' 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 Workers' 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.

Contractor Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

My Commission Expires
