

Lancaster Township
Workers' Compensation
Insurance Exemption

Contractor Name: _____

Contractor Company: _____

Mailing Address: _____

Federal or State Employer Identification No. _____

Phone # _____ Date: _____

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons as indicated below:

- Contractor with no Employees
- Religious exemption under the Worker's Compensation Law

Signature

Subscribed and sworn to before me this _____ day of _____.

This Lancaster Township Worker's Compensation Insurance Exemption form will expire one year from the above date.

(Seal)