

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

CONTRACTOR'S INSURANCE VERIFICATION

FEE PER CURRENT FEE SCHEDULE

DATE: _____

Contractor's engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, **please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State Registration Certificate.**

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000; 2) Per Personal Injury - \$500,000; 3) Property Damage - \$1,000,000
- b. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000

VALID FOR ONE YEAR FROM DATE OF ISSUANCE

CONTRACTOR INFORMATION:

Contractor's Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Names of principal partner or officer: _____

Type of Contractor: _____

Number of Employees: _____ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: _____

Certificate of Insurance attached: Yes No

CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Print Name

Signature

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Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

AFFIDAVIT

To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.

Name of Applicant: _____

Federal or State Employer or Tax Identification No: _____

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

Contractor and sole proprietor without 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.

Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

Signature of Applicant

Date

Name: _____

Address: _____

City: _____ State: _____ Zip _____

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

Signature of Notary Public

My Commission Expires: