WORKER'S COMPENSATION AFFIDAVIT

STATE OF)
(ss
COUNTY OF)

being duly sworn according to law deposes and says that they have accepted the provisions of the Worker's Compensation Act of 1915 of the Commonwealth of Pennsylvania, with its supplements and amendments, and have insured their liability thereunder in accordance with the terms of said Act with .
(SURETY COMPANY)

_____
Contractor (type or print name)

By: _____
Signature

Sworn to and subscribed before me this day of .

_____
Notary Public
My Commission Expires: