

DAMASCUS TOWNSHIP

60 Conklin Hill Road, Damascus, Pennsylvania 18415

(570) 224-4410 PHONE (570) 224-4940 FAX

www.damascustwp.org

List *all* contractors who will be *on-site* during construction. Check a box for either workers' compensation insurance box or affidavit box for each contractor/company and provide a Certificate of Insurance showing Damascus Township as the Certificate Holder. The Township must be notified of any additional contractors and workers compensation insurance certificates or affidavits must be presented for each additional contractor. A workers compensation insurance certificate or affidavit must be presented to the Township before entry on the work site. A stop work order will be issued if workers compensation certificates or affidavits are not on file for any worker on site.

Design / Architect _____

Address _____

Phone _____

Workers Comp

Affidavit

Project Supervisor / Manager _____

Address _____

Phone _____

Workers Comp

Affidavit

General Contractor _____

Address _____

Phone _____

Workers Comp

Affidavit

Excavation Contractor _____

Address _____

Phone _____

Workers Comp

Affidavit

Concrete Contractor _____

Address _____

Phone _____

Workers Comp

Affidavit

Framing Contractor _____

Address _____

Phone _____

Workers Comp

Affidavit

Electrical Contractor _____

Address _____

Phone _____

Workers Comp

Affidavit

Plumbing Contractor _____

Address _____

Phone _____

Workers Comp

Affidavit

Heating System Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Roofing Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Siding Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Drywall Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Tape / Spackle Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Painting Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Fire / Burglar Alarm Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Landscape Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Other _____ Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Other _____ Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

Other _____ Contractor _____

Address _____

Phone _____ Workers Comp Affidavit

** Attach additional sheets if needed