

**DAMASCUS TOWNSHIP**

60 CONKLIN HILL ROAD, DAMASCUS, PA 18415

TEL. (570) 224-4410 FAX (570) 224-4940

**THIS AFFIDAVIT MUST BE COMPLETED AND RETURNED WITH BUILDING PERMIT APPLICATION NO  
MATTER WHO IS PERFORMING THE WORK**

**WORKERS' COMPENSATION AFFIDAVIT**

**PROOF OF EXEMPTION FROM WORKERS' COMPENSATION ACT**

Commonwealth of Pennsylvania)

\*Required Information

County of Wayne)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, **\*\*YOUR SIGNATURE MUST BE NOTARIZED\*\***

\*Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Federal ID Number: \_\_\_\_\_ (NOT Social Security Number) \*Phone No. \_\_\_\_\_

**Personally appeared before me who, being duly sworn according to law, does solemnly swear as follows:** (NOTE: \*Choose only one of the following)

\_\_\_\_ **Property Owner Performing own work.** I own this property and will perform all work myself. If I do hire contractors or employees to perform any work under the building permit issued in connection herewith, I, or my contractor will provide proof of workers' compensation insurance immediately.

\_\_\_\_ **Contractor has no employees.** As contractor, I will perform all work required in connection with this permit by myself. I have no employees and will use no subcontractors. I understand that I am prohibited by law from employing any individual to perform work under the building permit issued in connection herewith, unless I provide proof of insurance to Damascus Township. After receipt of the building permit, if I employ any other persons, I agree to notify Damascus Township and immediately provide proof of workers' compensation coverage.

\_\_\_\_ **Contractor uses subcontractors.** I have no employees and will use only subcontractors in performing the work under the building permit issued in connection herewith. Prior to commencement of the work, I will provide Damascus Township with evidence of workers' compensation insurance coverage for each subcontractor I will use in performing the work. Alternatively, I will provide Damascus Township with evidence that non-covered subcontractors have no employees and I will not allow them to use employees on the job unless further evidence of workers' compensation coverage is provided to the Township.

\_\_\_\_ **Religious exemption.** All of my employees who will perform work under the building permit issued in connection herewith are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. By way of further explanation, I state the following:

\_\_\_\_  
I agree that my failure to comply with the matters set forth in this Affidavit will result in a **STOP WORK ORDER** and it may not be lifted until proper Workers' Compensation Coverage is obtained, or until further proof of exemption is submitted. I further agree that should any required Workers' Compensation Coverage be terminated during the progress of the work, that I will immediately notify Damascus Township and a **STOP WORK ORDER** will be issued until coverage is reinstated.

\_\_\_\_  
\*Signature of Property Owner if doing work himself

Or \_\_\_\_\_  
Signature of Contractor

**\*NOTARY REQUIRED**

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

SEAL Signature of Notary

**Return original notarized document to Damascus Township.**