



**TREDYFFRIN TOWNSHIP**  
**1100 Duportail Road, Berwyn, PA 19312**  
**Phone: 610-644-1400 Fax: 610-699-1213 www.tredyffrin.org**

**AFFIDAVIT OF EXEMPTION FROM  
 WORKERS' COMPENSATION INSURANCE COVERAGE**  
 (In compliance with the Pennsylvania Workers' Compensation Act)

**Addendum to Building Permit Application**

**THE APPLICANT IS:**

- Contractor without employees, as defined in the Workers' Compensation Act
- Contractor with employees, all of whom are exempt on religious grounds under Section 304.2 of the WC Act
- Property owner/tenant

Name of Applicant: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer I.D. No.: \_\_\_\_\_

- All Subcontractors working on this project must provide their own worker's compensation coverage.
- The applicant may not employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Act.
- Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

The above statements are true and correct.

Applicant Signature	Name(Please Print)	Date
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Commonwealth of Pennsylvania County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_