

Salem Township
38 Bomboy Lane
Berwick, PA 18603
(570) 752-4399 (phone) (570) 752-4661 (fax)

APPLICATION
CONTRACTOR INSURANCE VERIFICATION

Date: _____

Contractor Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____

INSURANCE INFORMATION

Company: _____ Policy No. _____

Contractor's Liability Amount: \$ _____

Workers Compensation Company: _____

Workers Compensation Policy No.: _____

Copy of Certificate of Insurance listing Salem Township as a Certificate Holder shall be attached.

PENNSYLVANIA REGISTRATION *(if applicable)*

Attorney General's Contractor Registration No. _____

Copy of Registration shall be attached.

*\$25.00 if registered with PA Attorney General.
\$50.00 if not registered with PA Attorney General*

SALEM TOWNSHIP USE ONLY

Approved By: _____ Date: _____

Registration No: _____ Valid _____ through _____

SALEM TOWNSHIP
WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Application is a qualified self-insurer for workers' compensation.

Certificate attached.

Applicant has employees and workers' compensation.

Name of Workers' Compensation Insurance _____

Workers' Compensation Insurance Policy Number _____

Policy Expiration Date _____

Certificate attached.

B. Exception

Contractor with no employees.

Religious Exemption under the Workers' Compensation Law.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the reasons indicated above.

Subscribed and sworn to before me this
_____ day of _____, 20____

(Signature of Notary Public)

My commission expires: _____

Signature of Applicant _____

Address _____

Phone No. _____

(Seal)