



700 Belvoir Rd.  
 Plymouth Meeting, PA 19462  
 610-277-4100 (Ph.)  
 610-277-4335 (FX.)  
 www.plymouthtownship.org

# Plymouth Township Workman Compensation Affidavit

Please type or print clearly

	Date:

I. Applicant	
Name	E-Mail
Address	Phone #
City, State, Zip	Fax #

II. Company Name	
Name	E-Mail
Address	Phone #
City, State, Zip	Fax#
Federal or State Employer Identification #:	

### Exemption:

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under provision of Pennsylvania Workers' Compensation Law for the following reason.

Contractor with no employees. Contractor prohibit by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance to the Township

Religious exemption under the Workers' Compensation Law.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Must be notarized

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Seal

\_\_\_\_\_  
 Sign