



BOROUGH OF HUMMELSTOWN

Founded 1762

Incorporated August 26, 1874

261 QUARRY ROAD • P.O. BOX 307
HUMMELSTOWN, PENNSYLVANIA 17036
www.hummelstown.net

PHONE: (717) 566-2555
FAX: (717) 566-3324

Workers' Compensation Affidavit of Exemption

Company Name: _____

The undersigned does swear or affirm that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated (*Check One*):

- Property owner performing own work.**
If a property owner does hire a contractor to perform any work pursuant to the building permit, the contractor must provide proof of workers' compensation insurance to the municipality.
 - Homeowner assumes liability for contractor compliance with this requirement.
- Contractor has no employees.**
Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation insurance to the municipality.
- Religious exemption under the Workers' Compensation Law.**
All employees of contractor are exempt from workers compensation insurance (attach copies of religious exemption letter for all employees).

Contractor Signature: _____

Contractor Name (please print): _____

Contractor Resides in:

County: _____

Township: _____

Sworn and subscribed to before me this

_____ day of _____, 20 ____.

Notary Public