



WORKERS' COMPENSATION INSURANCE EXEMPTION

Contractor

Contractor

Name _____ Company Name _____

(if applicable)

Address _____

City _____ State _____ Zip _____

Phone No. _____ Date of Application _____

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

- Contractor with no employees.
- Religious exemption under the Workers' Compensation Law.

Commonwealth of Pennsylvania :
: SS
County of Lancaster :

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

Signature _____

(Signature of Notary Public)

My commission expires: