



## WORKERS' COMPENSATION INSURANCE EXEMPTION

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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 \_\_\_\_\_

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**(Signature of Notary Public)**

My commission expires: