



Borough of Newtown

23 North State Street
Newtown, PA 18940-2026
Telephone: (215)-860-8859 Fax: (215) 968-6338

TMP #:	_____
USE PERMIT #:	_____
BDG PERMIT #:	_____
DATE:	_____
ADDRESS:	_____

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

Instructions and information attached

A. Applicant:

Name _____

Address _____

No. Street

Apt. / Suite # _____

Telephone _____ Cell _____

Post Office State Zip Code

Contractor:

Name _____

Address _____

No. Street

Apt. / Suite # _____

Telephone _____ Cell _____

Post Office State Zip Code

Project Address:

No. Street

Apt. / Suite # _____

Newtown, Bucks County, PA 18940

CHECK ONE:

- When the applicant is the owner who will perform the work** – fill out and sign section A. I hereby declare that I will perform the work covered under this permit and will not hire a contractor or sub-contractor without first filing additional insurance information as required by the Code.
- When the applicant is the owner who has or will hire a contractor to perform the work** – fill out and sign section A. Provide copy of form to contractors who shall submit to the Borough properly completed applications prior to issuance of the permit.
- When the applicant is the Contractor** – fill out and sign section A and B and when appropriate section C. See instructions for who is a contractor.

I verify that my responses to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

SIGNATURE OF APPLICANT: _____

B. Insurance Information

1. Contractor's Federal or State Employer Identification Number: _____

2. Are you qualified self-insurer for workers' compensation purposes?
(CHECK ONE – If yes attach your certificate)

YES

NO

3. If you are not a self-insurer, please state:

a. The name of your contractor's Workers' Compensation Insurer: _____

b. Your contractor's Workers' Compensation Policy Number: _____

c. The Policy Expiration Date: _____

Contractors and Sub-contractors must provide Newtown Borough with a Workers' Compensation Certificate which includes the effective date of the coverage and the signature of the insurer. ***This certificate will be kept on file and is required with each building permit.***

◆ Your certificate of insurance must include:

- Borough of Newtown, 23 N. State Street, Newtown, PA 18940 as certificate holder or additional insured;
- Contractor's name, address and phone number
- The address at which the work will be done.

I verify that my responses to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

SIGNATURE OF CONTRACTOR / SUB-CONTRACTOR

**C. EXEMPTION FROM THE REQUIREMENT OF PROVIDING
WORKERS' COMPENSATION INSURANCE INFORMATION**

The section below must be completed and notarized **only** if you are claiming an exemption from the requirement of providing workmen's compensation insurance information.

I hereby claim an exemption from providing Workers' Compensation Insurance for the reason checked below. (Check one.)

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 following reasons, as indicated:

- Contractor with no employees. If this is the case, the contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to the Borough.
- Religious exemption under the Workers' Compensation Law.

SIGNATURE OF CONTRACTOR / SUB-CONTRACTOR

Subscribed and sworn to _____

Before me this _____ day

of _____,

200____.

(NOTARY PUBLIC SEAL AND SIGNATURE)

INSTRUCTIONS FOR PROVIDING WORKERS' COMPENSATION INSURANCE INFORMATION

- 1. WHAT PARTS OF THE FORM MUST I FILL OUT?**
All persons who apply for a building permit in Newtown Borough must complete Section A. If the applicant is a contractor, the applicant must complete Section B. A property owner performing his/her own work on the property is exempt from providing proof of insurance.
- 2. WHO IS A CONTRACTOR?**
A contractor is defined as a party who contracts with another to have work performed consisting of (1) the removal, excavation or drilling of soil, rock or minerals, or (2) the cutting or removal, excavation of timber from lands, or a person who contracts with another to have work performed of a kind which is regular or a recurrent part of the business, occupation, profession or trade of such persons.
- 3. WHY IS THIS FORM NECESSARY?**
Pursuant to the Pennsylvania Workers' Compensation Law, as amended by the Act 44 of 1993, prior to issuing a building permit to a contractor, the Borough must either receive proof that a contractor carries worker's compensation insurance for all of it's employees, or that the contractor is exempt from the requirement that he/she carry workers' compensation insurance.
- 4. WHAT MUST I FURNISH TO THE BOROUGH IF I AM REQUIRED TO FURNISH PROOF OF INSURANCE?**
A contractor or the contractor's insurance carrier is required to furnish a certificate of insurance or self-insurance demonstrating current coverage and compliance with the requirements of Act 44 of 1993.
- 5. ARE THERE OTHER REQUIREMENTS FOR THE CONTRACTORS WHO APPLY FOR A BUILDING PERMIT?**
Contractors must notify their worker's compensation insurer that they are seeking a building permit in Newtown Borough, Bucks County, Pennsylvania as a workers' compensation policy certificate holder. Insurers issuing policies that name Newtown Borough, Bucks County, Pennsylvania as a certificate holder must notify the Borough of the expiration or cancellation of any such policy of insurance within three (3) working days of the date of expiration or cancellation.
- 6. WHAT CAN THE BOROUGH DO IF THEY ARE NOTIFIED OF THE CANCELLATION OR EXPIRATION OF A CONTRATOR'S WORKER'S COMPENSATION INSURANCE COVERAGE?**
Upon receipt of such notification from the insurer, Newtown Borough will issue a STOP-WORK order to a contractor until a valid policy is issued.
- 7. WHO IS RESPONSIBLE FOR NOTIFYING THE BOROUGH OF THE EXPIRATION OR CANCELLATION OF A POLICY?**
All responsibility for notifying Newtown Borough of expiration or cancellation of a contractor's workers' compensation insurance rests with the contractor and his/her insurance carrier.
- 8. WHO IS EXEMPT FROM PROVIDING WORKERS' COMPENSATION INSURANCE INFORMATION?**
A contractor is exempt from the requirement of carrying workers' compensation insurance if he/she has no employees. If a contractor claims exemption because he/she has no employees, he/she is prohibited by law from employing any individual to perform work pursuant to the building permit unless the contractor subsequently provide proof of workers' compensation insurance to the Borough. If the contractor hires employees without providing the required workers' compensation insurance information, the Borough will issue a STOP-WORK order until the required insurance information is received from the contractor.

***There are also religious exemptions under the Workers' Compensation Law, Act 44 of 1993 which may apply to a contractor. Any contractor claiming an exemption must complete Section C and sign the affidavit provided.**

TO: Contractors & Sub-Contractors

Re: Workers Compensation Reform Act #44 of 1993

EFFECTIVE SEPTEMBER 1, 1993, the Borough of Newtown will no longer issue a building permit to a contractor, subcontractor or resident as required by the International Building Code of 2003 who has not demonstrated current coverage and compliance with the requirements of Act #44 by filing with the Office of the Building Inspector one of the following:

1. File Certificate of Insurance◆ issued by your insurance carrier as proof of workers' compensation insurance for your employees; or
2. File certification of self-insurance from the Department of Labor & Industry; or
3. File a notarized affidavit of exemption from workers compensation insurance stating you will not hire any employees to work on the construction project.
4. File or register via company letterhead or billhead including address and phone number (Post Office Box not acceptable) your Federal or State Identification Number.

◆ **Your certificate of insurance must include:**

- **Borough of Newtown, 23 N. State Street, Newtown, PA 18940 as certificate holder or additional insured;**
- **Contractor's name, address and phone number**
- **The address at which the work will be done.**

Under Section 302 of Act 44, every building permit issued by the Borough to a contractor, subcontractor, or resident shall clearly set forth one of the following:

1. Name and workers' compensation policy and the contractor's and/or subcontractors' Federal or State Employer identification number; or
2. Federal or State Employer identification number and self-insurance certification from the Department of Labor & Industry; or
3. Federal or State Tax identification number and a notarized affidavit of exemption which states the applicant is not permitted to employ any individual to perform work or sub-contract work pursuant to the building permit.
4. Resident and/or homeowners affirmation that he will not employ any individual to perform work pursuant to the building permit.

These certificates shall be filed with the Borough's copy of the building permit. Upon issuance of a building permit, the Borough will be named as a WC policy certificate holder. The issuer of the policy, your insurance carrier, must inform the municipality within three working days of any change in, or termination of, coverage.

If the Borough receives notice that you have had coverage terminated, lost state-approved self-insurance status, or employed persons without providing coverage, the Borough must and will, under Section 302 (e) (4) issue a stop work order. The stop work order may not be lifted until the contractor and/or the sub-contractor re-obtains proper coverage.

The Council realizes the impact this Act will have upon contractors, sub-contractors and residents and for this reason suggests you:

1. Notify workers compensation insurance carrier that a certificate of insurance should be forwarded to the Borough of Newtown, Office of the Building Inspector at the address noted above;
2. At the same time you should register via company letterhead or billhead (which includes address and telephone - Post Office Box number is not acceptable), with the Office of the Building Inspector your Federal or State Employer Identification number;
3. Provide certification of self-insurance from the department of labor and industry;
4. You should register at the same time via company letterhead or billhead (which includes address and telephone - Post Office Box number is not acceptable), with the Borough's Office of the Building Inspector your Federal or State Employer Identification Number; and
5. Notify frequently used sub-contractors to follow the same steps, providing the Borough with the information and data required.

These certificates, certifications and affidavits along with Federal and State Employer Identification Numbers will be filed alphabetically in the Office of the Building Inspector and need only be updated when there is a change in address, insurance coverage, insurance companies or notification by insurance company of expiration or cancellation.

Nothing in this act shall be the basis of any liability on the part of the Borough. It is not the Borough's responsibility to notify you that your insurance has expired or been canceled.

It is in your best interest that we have taken the initiative to notify you of the requirements of the Act and to provide you with a means to comply so as not interrupt, delay or cause financial hardship and yet effectively and efficiently achieve the goals of the Act with regard to employee coverage for work-related illness or injuries.