



Township of Upper Pottsgrove

MONTGOMERY COUNTY, PENNSYLVANIA

1409 Farmington Avenue Pottstown, PA 19464
Phone: 610-323-8675 Fax: 610-327-1967

CONTRACTOR/SUBCONTRACTOR INFORMATION (For those who do not have a PA Home Improvement Contractor No.)

(PLEASE PRINT OR TYPE)

1. Name of Company _____
 PA Home Improvement Contractor No. _____ Expiration Date _____
 Address of Company _____

 Phone Number _____
 Fax Number _____
 E-mail Address _____
2. Name of Applicant _____
 Address of Applicant _____

3. List of employees: _____

4. Furnish Certificate of Liability Insurance in the minimum amount of \$100,000.00 and a Certificate of Worker's Compensation Insurance, **both denoting Upper Pottsgrove Township as the certificate holder** .
5. Applicant shall furnish copy or current registration from any other Municipality. Upper Pottsgrove Township reserves the right to reject any applicant not providing the necessary insurance documentation.
6. Annual Fee for Commercial or New Home Contractors or Contractors not Licensed by the Commonwealth of PA (**This fee shall not be imposed against any contractors registered and licensed by the Commonwealth of PA**): \$75.00

7. Make checks payable to: Upper Pottsgrove Township
 and/or send to: 1409 Farmington Avenue
 Pottstown, PA 19464
 Phone: 610-323-8675
 Fax: 610-327-1967
 Email: administration@uptownship.org

8. Applicant certifies that all employees performing contracted work within Upper Pottsgrove Township are covered by Worker's Compensation Insurance.

9. I hereby make application to register to engage in and carry on the business of contracted responsibilities in Upper Pottsgrove Township and shall be in compliance with all ordinances and regulations of the municipality.

I further certify that the information above is true and accurate to my knowledge. I understand that the submission of inaccurate or incorrect information could subject the applicant to a loss of registration with Upper Pottsgrove Township.

Signature of Applicant

Date

(over)

Workers' Compensation Insurance Coverage Information

- A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law? Yes No
If the answer is "yes", complete **Sections B, C, and E** below as appropriate.
If the answer is "no", complete **Section D and E**.

B. Insurance Information (Denote Upper Pottsgrove Township as the certificate holder)

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation.

Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

Check if Certificate is attached.

Policy Expiration Date _____

-
-
- C. Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

-
-
- D. Exemption:** Complete Section D if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

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

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

Religious exemption under the Workers' Compensation Law.

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

Signature of Notary Public

My Commission expires: _____

(Seal)

E. Signature required for all applicants

Signature of Applicant _____

Address _____

County _____ Municipality of _____

UPPER POTTS GROVE TOWNSHIP
CONTRACTOR/SUBCONTRACTOR INFORMATION for COMMERCIAL WORK
(PLEASE PRINT OR TYPE)

1. Name of Company _____
PA Home Improvement Contractor No. _____ Expiration Date _____
Address of Company _____

Phone Number _____
Fax Number _____
E-mail Address _____

2. Name of Applicant _____
Address of Applicant _____

3. List of employees: _____

4. Furnish Certificate of Liability Insurance in the minimum amount of \$100,000.00 and a Certificate of Worker's Compensation Insurance.

5. Applicant shall furnish copy or current registration from any other Municipality. Upper Pottsgrove Township reserves the right to reject any applicant not providing the necessary insurance documentation.

6. Annual Fee: \$75.00

7. Send to: Upper Pottsgrove Township
1409 Farmington Avenue
Pottstown, PA 19464
Phone: 610-323-8675
Fax: 610-327-1967

8. Applicant certifies that all employees performing contracted work within Upper Pottsgrove Township are covered by Worker's Compensation Insurance.

9. I hereby make application to register to engage in and carry on the business of contracted responsibilities in Upper Pottsgrove Township and shall be in compliance with all ordinances and regulations of the municipality.

I further certify that the information above is true and accurate to my knowledge. I understand that the submission of inaccurate or incorrect information could subject the applicant to a loss of registration with Upper Pottsgrove Township.

Signature of Applicant Date

(over)

Workers' Compensation Insurance Coverage Information

- A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law? Yes No
If the answer is "yes", complete **Sections B, C, and E** below as appropriate.
If the answer is "no", complete **Section D and E**.

B. Insurance Information (Denote Upper Pottsgrove Township as the certificate holder)

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation.

Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

Check if Certificate is attached.

Policy Expiration Date _____

-
-
- C. Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

-
-
- D. Exemption:** Complete Section D if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

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

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

Religious exemption under the Workers' Compensation Law.

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

Signature of Notary Public

My Commission expires: _____

(Seal)

E. Signature required for all applicants

Signature of Applicant _____

Address _____

County _____ Municipality of _____

