

CITY OF BETHLEHEM
BUREAU OF CODE ENFORCEMENT
WORKER'S COMPENSATION INSURANCE COVERAGE
INFORMATION

If you are a not required to provide Worker's Compensation Insurance, complete Part A and Part B and have this form notarized.

PART A

Name of Applicant _____

Company Name _____

Address _____

Employer Identification No. _____ City _____ State _____ Zip Code _____
Phone No. _____

PART B

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's 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 unless contractor provides proof of insurance to the City.**

Contractor Exempt from providing Worker's Compensation Insurance.
Reason _____

Applicant's Signature

(Seal)

Subscribed and sworn to before me this

_____ Day of _____ 20____

(Signature of Notary Public)