



MARYSVILLE BOROUGH
PERRY COUNTY, PENNSYLVANIA
200 Overcrest Road
Marysville Pa 17053

Page 1
of 1

717-957-3110 (Voice)

717-957-4793 (Fax)

www.marysvilleboro.com

Workers' Compensation Insurance Coverage Information Addendum to building Permit

Name of Applicant: _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation. Check one: Certificate Attached Certificate on File

Policy Expiration Date _____

The applicant hereby affirms that he/she has read, understands, and complies with the following:

1. This aforementioned policy provides coverage for the requirements of the Workers' compensation Act, the Occupational Disease Act, and where applicable, the federal Longshore and Harbor workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named as a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policy holder will notify the municipality of any changes in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

My signature as the applicant or agent thereof, for this building permit constitutes my verification, that the statements contained herein are true.

I understand that I am subject to the penalty of 18 PA C>S>A> Section 4904 relative to unsworn falsification to authorities.

Signature of Applicant or Agent _____

Printed Name _____