



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

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**Affidavit of Exemption from the
Workers' Compensation Act**

Name of Applicant _____

Federal or State Employer Identification No. _____

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

- Contactor is a sole proprietorship with no employees.
- Religious exemption under Section 304.2 of the Workers' Compensation Law.
- Contactor is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act,

The applicant claiming an exemption hereby swears or affirms that he/she has read, understands, and will comply with the following:

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

Subscribed and sworn to

Before me this _____ Day of _____

20 _____

Month

Year

Signature of applicant or agent thereof

Signature of Notary Public

Printed Name

My Commission Expires _____

Address

