



The Borough of Edinboro

Building and Zoning Department
124 Meadville Street, Edinboro, PA 16412-2502
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WORKERS' COMPENSATION INSURANCE COVERAGE PURSUANT TO ACT 72

AFFIDAVIT OF EXEMPTION

Contractor (Owner): _____

Business Name: _____ PA Registration: _____

Address: _____

Phone: _____ Email: _____

____ I, the property owner do swear and affirm that I will be performing all work with relation to this permit. If property owner does hire contractor(s) to perform work pursuant to permit, contractor must provide their Certificate of insurance which should include their Workers' Compensation insurance to the municipality, along with their Pennsylvania Contractors Registration number. Homeowner assumes liability for contractor compliance with this requirement.

____ I, the above listed contractor, do swear and affirm that I do not have any employees for the above listed business; therefor I am not required to carry Pennsylvania Workers' Compensation Insurance. I further agree that I understand the provisions of Pennsylvania Act 72, Construction Workplace Misclassification Act as follows:

On Feb. 10, 2011, the Construction Workplace Misclassification Act (Act 72) took effect. Misclassification of employees as independent contractors is illegal for *all* commercial and residential construction in Pennsylvania. The Pennsylvania Department of Labor & Industry enforces Act 72.

Under Act 72, a company or its officer or agent may be subject to penalties if the business fails to properly classify an individual as an employee under the Pennsylvania Workers' Compensation Act or the Unemployment Compensation Law or fails to provide workers' compensation coverage or make unemployment compensation contributions on behalf of an individual who should be classified as an "employee" under those laws.

Each individual misclassification by an employer is a separate violation of the law and constitutes grounds for separate penalties.

____ I, the above listed individual or contractor, do swear and affirm that I am exempt from Workers' Compensation Insurance coverage for religious affiliation. I am required to provide my Certificate of Exemption issued by Pennsylvania Bureau of Worker's Compensation with this affidavit for each individual working under any permit.

Signature of Applicant

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State of Pennsylvania
County of Erie

This record was acknowledged before me on _____ by _____
Date Name(s) of Individual(s)

Signature of Notarial Officer

Printed Name of Notarial Officer

Title of Office

Place Official Stamp / Notary Seal Above

My Commission Expires: _____