

BOROUGH OF PENNSBURG

76 West 6<sup>th</sup> Street

Pennsburg, PA 18073

Office: 215-679-4546 Fax: 215-679-5140

Application for Contractor Registration

Date \_\_\_\_\_ Registration #: \_\_\_\_\_

20\_\_ REGISTRATION  General Contractor  Electrician  Plumber  
 HVAC  Alarm Installers  Sprinkler Contractor

Name: \_\_\_\_\_ (print) \_\_\_\_\_ (signature)

Home Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Federal or State ID #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Certificate of Insurance #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Worker's Comp Policy #: \_\_\_\_\_ Pager #: \_\_\_\_\_

*Note: Include an original copy of the Insurance Certificates. Pennsburg Borough shall be named as the policy holder.*

*Applicants not obligated to maintain Worker's Compensation Insurance are not permitted to employ any individual to perform work pursuant to building permits issued by the Borough of Pennsburg.*

**Please list employees covered by Worker's Compensation performing the work pursuant to building permits issued by Pennsburg Borough.**

Master Plumbers: \_\_\_\_\_

Master Electricians: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Payment: Fee\$ \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Insurance Received: \_\_\_\_\_ Card Sent: \_\_\_\_\_

**NOTE: Registration expires December 31<sup>st</sup> of each year.**

# Borough of Pennsburg

## Workers' Compensation Insurance Coverage Information

A. Is the applicant within the meaning of the Pennsylvania Workers' Compensation Law?  
Yes  No

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### B. Insurance Information

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 \_\_\_\_\_

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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.

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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 Workers' Compensation Insurance under the provisions of the Pennsylvania Workers' 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 the 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

(Seal)

My commission expires: \_\_\_\_\_

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### E. Signature required for all applicants

Signature of applicant \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_  
Municipality of \_\_\_\_\_