

## UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD  
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

### INSURANCE COVERAGE REQUIRED:

**All Contractors** performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township  
8330 Schantz Road  
Breinigsville, PA 18031  
Fax to 610-395-9355  
Email: [rcolfer@uppermac.org](mailto:rcolfer@uppermac.org) or [sharons@uppermac.org](mailto:sharons@uppermac.org)

If you have any questions, please contact the township at 610-395-4892

Thank you,

Upper Macungie Township

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## WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

### Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker Compensation Insurance.

The undersigned swears or affirms that he / she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's 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 this building permit unless Contractor provides proof of insurance to Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

\_\_\_\_\_  
Print Company Name

Subscribed and sworn before me this  
\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires:\_\_\_\_\_

\_\_\_\_\_  
Address

(Seal)

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
County/Municipality

\_\_\_\_\_  
Signature of Applicant