Whitehall Borough 100 Borough Park Drive Pittsburgh Pa 15236 412/884-0505

WORKERS' COMPENSATION INFORMATION FORM
THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned 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:

_____ **Property owner perfoming own work.**
(If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liabilty for contractor compliance with these requirements.)

_____ **Contractor is Independent, No Employees.**
(Contractor prohibited by law from employing any individual(s) to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)

_____ **Religious Exemption under Workers' Compensation Law.**
(All employees of contractor are exempt from workers' compensation insurance. Attach copies of religion exemption letter for all employees.)

TO BE COMPLETED IN FRONT OF NOTARY

Property address pertaining to: _____

Applicant (Print Name / Title): _____

Applicant Signature: _____

County of _____ Municipality of _____

Subscribed, sworn to and acknowledged before me by the above

_____ this _____ day of _____ 2026

_____ Signature of Notary Public

SEAL