

Salem Township  
38 Bomboy Lane  
Berwick, PA 18603  
(570) 752-4399 (phone) (570) 752-4661 (fax)

APPLICATION  
CONTRACTOR INSURANCE VERIFICATION

Date: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

INSURANCE INFORMATION

Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Contractor's Liability Amount: \$ \_\_\_\_\_

Workers Compensation Company: \_\_\_\_\_

Workers Compensation Policy No.: \_\_\_\_\_

***Copy of Certificate of Insurance listing Salem Township as a Certificate Holder shall be attached.***

PENNSYLVANIA REGISTRATION *(if applicable)*

Attorney General's Contractor Registration No. \_\_\_\_\_

***Copy of Registration shall be attached.***

***\$25.00 if registered with PA Attorney General.***

***\$50.00 if not registered with PA Attorney General***

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SALEM TOWNSHIP USE ONLY

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Registration No: \_\_\_\_\_ Valid \_\_\_\_\_ through \_\_\_\_\_

SALEM TOWNSHIP  
WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

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A. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification Number \_\_\_\_\_

Application is a qualified self-insurer for workers' compensation.

Certificate attached.

Applicant has employees and workers' compensation.

Name of Workers' Compensation Insurance \_\_\_\_\_

Workers' Compensation Insurance Policy Number \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

Certificate attached.

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B. Exception

Contractor with no employees.

Religious Exemption under the Workers' Compensation Law.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the reasons indicated above.

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

\_\_\_\_\_

(Signature of Notary Public)

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

(Seal)

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

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_