

Deborah E. Laskey
Council President

Randall R. Stoddard
Council Vice President

Council Members:
Kathryn M. Coban
Meghan S. Kennedy
Christine Carnevali
Elaine A. Palmer
John Simmons

Anthony W. Gross, Mayor

Borough of Blawnox
376 Freeport Road
Pittsburgh, PA 15238

Phone: (412) 828-4141
Fax: (412) 828-7138

E-mail: blxoffice@blawnox.net

Kathy Ulanowicz
Borough Manager

Casey Cunningham
Administration
Tax Collector

John F. Cambest, Esq.
Solicitor

Mallori McDowell
Assistant Borough Manager

WORKERS' COMPENSATION INFORMATION FORM

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the follow reasons, as indicated:

_____ Property owner performing 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 liability for contractor compliance with these requirements.

_____ Contractor has 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 the municipality.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees.

_____ Use this form when applicable to part "C" on the workers' compensation form.

Signature of Applicant: _____

County of: _____

Municipality of: _____

Subscribed, sworn to and acknowledged before me by the above

_____ this _____ Day of _____ 20____

SEAL

Notary Public

MUST BE NOTARIZED