



TOWNSHIP OF EAST VINCENT

**262 Ridge Road
Spring City, PA 19475
Chester County
610-933-4424 (Phone)
610-933-1142 (Fax)**

Township Number:

CONTRACTOR INFORMATION FORM

Type of Contracting/Business _____

Name of Business _____ Phone _____

Address/City/State/Zip of Business _____

Name of Responsible Owner /CEO * _____

Address/City/State/Zip of Owner/CEO _____

Are you registered as a **Home Improvement Contractor** in PA? **YES** or **NO** Reg. No.: **PA #** _____

Have you or your business ever been convicted of a crime or offense or offences related to your work as a contractor? **Yes** or **No** (circle one). If yes, please explain on the back of this form.

To what project does this registration apply? _____

*Contractor/Supplier Signature: _____

By signing above you agree to accept and be governed by all ordinances, rules and regulations currently adopted by the Board of Supervisors of East Vincent Township.

THE FOLLOWING DOCUMENT(S) MUST BE SUBMITTED WITH THIS FORM:

- A **Certificate of Insurance** declaring current **Workers' Compensation** coverage (EAST VINCENT TOWNSHIP must be named as Certificate Holder); and, current **General Liability** coverage (\$300,000 minimum required by Ordinance 177).
- A **notarized affidavit** -- required if your business does not carry Worker's Compensation Insurance.

CONTRACTOR REGISTRATION (Ordinance 177): All contractors must pay a registration fee of \$50.00 to East Vincent Township. Checks should be made payable to East Vincent Township.

Registration Fee: **\$50.00** Amount \$ _____ Received on _____ Check # _____

NOTE: Penalty for misrepresentation of contractor registration or failure to register a minimum of five (5) days before commencing work will result in applicant being subject to double the normal registration fee. Registrations must be renewed annually. Application may be made in December for the ensuing year, or at any time during the calendar year. However, each license shall expire on December 31 for the preceding twelve month period.

BUILDING CODE OFFICIAL

DATE APPROVED

DATE APPROVED TO BEGIN WORK

Failure to complete or provide the above information (and fees) will withhold approval to begin work or provide service and materials.

Workers' Compensation Insurance Coverage Information - Affidavit

(This form is required if you do not carry Workers Compensation Insurance)

Pursuant to Act 44, Commonwealth of Pennsylvania, effective Tuesday 31 August 1993, NO BUILDING PERMIT APPLICATION SHALL BE REVIEWED, NOR SHALL ANY BUILDING PERMIT BE ISSUED, unless and until the applicant has provided such information as the Law shall require. All building contractors shall be bound by said requirements except those specifically exempted by the Act.

A "STOP WORK" ORDER shall be issued upon verification that insurance coverage is lacking, was misrepresented upon application or has been cancelled or revoked for due cause by the carrier of said insurance.

"PROOF OF INSURANCE" shall mean that a certification of insurance demonstrating current coverage and compliance with Act 44 rests with the contractor and his carrier. Religious exemption is provided within the Act. The contractor with no employees is likewise exempt. A property owner doing his own work is also exempt. ALL others MUST provide "proof of insurance."

A contractor who does not employ other individuals shall complete an affidavit and submit it with each building permit. An affidavit, by statutory definition, must be notarized.

A. The applicant is a "contractor" within the meaning of the Pennsylvania Workers' Compensation Law:

YES NO If answer is "yes", complete sections B and C below. If "no", complete sections C and D.

B. Insurance Information:

Name of applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation. _____ Certificate is attached _____

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____ Certificate is attached _____

Policy Expiration Date _____

C. Is the applicant using any subcontractor(s) on this project?

YES NO

D. Exemption;

Complete this section 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:

- a. **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 the Township.
- b. **Religious exemption** under the Workers' Compensation Law.

Signature required for ALL applicants:

NOTE: THIS FORM MUST BE NOTARIZED!:

Signature of applicant _____

Subscribed and sworn to before me this

Address _____

_____ day of _____

County of _____

(Signature of Notary Public)

Municipality _____

My commission expires _____