

**Affidavit of Exemption from Worker's Compensation Act**

**Name of Applicant:** \_\_\_\_\_

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

**The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's workers' compensation act for one of the following reasons, as indicated:**

- \_\_\_\_\_ Contractor is a sole proprietorship with no employees
- \_\_\_\_\_ Contractor is homeowner
- \_\_\_\_\_ Religious exemption under section 304.2 of the workers' compensation law
- \_\_\_\_\_ Contractor is a corporation and the only employees working on the project have and are qualified as "Executive Employee" under section 104 of the workers' compensation act.

The applicant claiming an exemption hereby swears or affirms that he/she has read, understands, and will comply with the following:

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the act.
3. Violation of the workers' compensation act or the terms of this chapter will subject the applicant to a stop-work order and other fines and penalties provided by law.

Subscribed and sworn to  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 200\_\_

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

Signature of applicant or  
agent thereof

\_\_\_\_\_

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_