

**NOTICE**  
**WORKERS' COMPENSATION INSURANCE COVERAGE & PENNSYLVANIA HOME**  
**IMPROVEMENT CONTRACTOR (PA HIC) INFORMATION**

**The attached form shall be completed by all applicants applying for a permit.**

Unless exempt, a Workers' Compensation Insurance Certificate (which includes the effective date of the coverage and lists London Grove Township as Certificate Holder) shall be submitted.

Exempt Corporations and Partnerships shall submit proof of exemption.

**PA HOME IMPROVEMENT CONTRACTOR INFORMATION**

All applicants, with the exception of the property owner, shall submit their Pennsylvania Home Improvement number (PA HIC).

**GENERAL LIABILITY INSURANCE COVERAGE INFORMATION**

In addition to the above, all applicants, with the exception of the property owner, shall submit an Insurance Certification of General Liability in the amount of \$100,000 or the value of the Structure being worked on; whichever is greater for property damage and \$100,000/\$300,000 for bodily injury.

**PROPERTY OWNERS' INFORMATION**

**The completion of the attached Workers' Compensation form is required by all applicants including property owners.**

If the applicant is the owner of the property, insurance certification for general liability, workers' compensation, and Home Improvement Contractor number are not required to obtain a permit; however, should the property owner hire or contract with other parties or subcontractors, the homeowner could be held responsible for a loss, if those parties do not have the proper insurance.

The homeowner applicant should assure that anyone working on their property has in force the proper current liability and Workers' Compensation Insurance coverage, and are named as a certificate holder or additional insured. Homeowner applicants should also be aware that by acting as the applicant the homeowner assumes all responsibility for following Township Ordinances and all liability if those ordinances are not followed.

**LONDON GROVE TOWNSHIP SHALL BE LISTED AS A CERTIFICATE HOLDER ON**  
**ALL INSURANCE FORMS SUBMITTED TO THE TOWNSHIP**

LONDON GROVE TOWNSHIP  
372 Rose Hill Road, Suite 100, West Grove, PA 19390

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION  
MUST BE COMPLETED BY ALL APPLICANTS

**Note:** Under State Law, London Grove Township is responsible to stop all work on any site when non-exempt parties are working without Workers' Compensation Insurance and/or non-exempt parties have not completed and submitted the proper exemption form to the Township.

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

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

A. Is the **Applicant** the property owner?  No (go to B)  YES (if yes check statement below)  
 Applicant is the property owner, and understand that if he/she hires other parties or subcontractors such parties or subcontractors shall submit acceptable insurance information or proof of exemption thereof to the property owner before commencing any work on the property. The property owner also should request the contractor's Pennsylvania Home Improvement Contractor number (PA HIC).

B. Is the **Applicant** a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

No (go to C)  YES (if yes provide the following):

Home Improvement Contractor (HIC) #: \_\_\_\_\_ Expires: \_\_\_\_\_

Federal or State Employer Identification #: \_\_\_\_\_

Check one of the following:

Applicant is a qualified self-insurer for Workers' Compensation (certificate attached)

Applicant is insured by: \_\_\_\_\_ (certificate attached)

**Note:** The Township does not keep certificates on file. London Grove Township must be listed as the "certificate holder".

C. Is the **Applicant** a contractor that is **exempt** from Workers' Compensation Law?  YES (if yes provide the following):

Home Improvement Contractor (HIC) #: \_\_\_\_\_ Expires: \_\_\_\_\_

Applicant is a Contractor with no employees. The contractor is prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance to the Township.

Applicant is a Contractor that is a member of a Corporation that has claimed exemption. A copy of exemption notification must be attached.

Applicant is a registered partnership through State of PA - proof must be attached.

Applicant is exempt under the religious exemption of the Worker Compensation Law.

**Applicant** Signature: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_