



WEST VIEW BOROUGH
441 Perry Highway
Pittsburgh, PA 15229
Phone: (412) 931-2800 Fax: (412) 931-1920

AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance to the Borough of West View, in accordance with the Commonwealth of Pennsylvania, 1993 Act 44 - Workmans' Compensation Act, Section 302.

_____ Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work unless contractor provides proof of insurance to Borough of West View.**

_____ Religious exemption under the Workers' Compensation Law.

Contractor's Federal or State Employer ID#: _____

Name of Company / Organization / Business: _____

Address: _____

Name of Applicant: _____

Signature of Applicant: _____

Sworn to and subscribed before me this

_____ day of _____, 20____

(Seal)

Signature of Notary Public

My commission expires: