

NEWTOWN TOWNSHIP CODES DEPARTMENT
100 MUNICIPAL DRIVE NEWTOWN, PA 18940
PHONE: 215-968-2800 FAX: 215-968-5931
REGISTRATION & INSURANCE INFORMATION

DATE _____

CONTRACTOR'S REGISTRATION # _____
PA STATE REGISTRATION # _____

**A. COMPANY NAME UNDER WHICH YOU INTEND TO PERFORM WORK IN
NEWTOWN TOWNSHIP:**

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Work Phone# _____ Fax # _____

Federal or State Employer ID # _____ Cell # _____

**NOTE: CONTRACTORS PERFORMING WORK THAT IS NOT DEFINED AS "HOME
IMPROVEMENT" MUST REGISTER AND SUBMIT \$125.00 FEE**

B. INSURANCE INFORMATION:

GENERAL LIABILITY INSURANCE CERTIFICATE held by you or your company
COPY TO BE RECEIVED BY NEWTOWN TOWNSHIP AT TIME OF APPLICATION

Agency Name: _____

Policy #: _____ Policy Amount: _____

Policy Expiration Date: _____

WORKERS' COMPENSATION INSURANCE CERTIFICATE held by you or your company
COPY TO BE RECEIVED BY NEWTOWN TOWNSHIP AT TIME OF APPLICATION

Agency Name: _____

Policy #: _____ Policy Amount: _____

Policy Expiration Date: _____

***I verify that my responses to these questions are true and correct to the best of my knowledge,
information and belief. I understand that false statements herein are subject to the penalties of
18 Pa C.S.A., Section 4904, relating to unsworn falsification to authorities.***

Signature of Applicant

Date

**IF EXEMPT FROM WORKERS' COMPENSATION, PLEASE SEE THE BACK OF THIS FORM
AND RETURN A NOTARIZED COPY AT TIME OF APPLICATION.**

Workers' Compensation Exemption

Complete 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 provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- **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.
- **Religious exemption under the Workers' Compensation Law.**

VERIFICATION

COMMONWEALTH OF PENNSYLVANIA) SS:
COUNTY OF BUCKS)

I _____, swear or affirm and verify that the statements made in the foregoing pleading are true and accurate to the best of my knowledge, information, and belief.

DATE

Signature of Applicant

TO BE SIGNED IN PRESENCE OF NOTARY

Sworn and subscribed to before me this

_____ day of _____ 20_____

Notary Public