



WARRINGTON TOWNSHIP

852 Easton Road ♦ Warrington, Pa 18976
Phone: 215-997-7501 ♦ Fax: 215-343-5944

APPLICATION FOR CONTRACTOR'S REGISTRATION

(See Fee Schedule for Current Rate)

Date of Application: _____

PERSONAL INFORMATION

Applicant's Name: _____ Home Phone: (____) ____ - ____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

BUSINESS INFORMATION

Firm Name: _____ Business Phone: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Individual Partnership Corporation

Type of Business: _____ No. of years in business: _____

EMPLOYER IDENTIFICATION NUMBERS

City: _____ State: _____ Federal: _____ Phila. Mercantile License #: _____

INSURANCE INFORMATION

Public Liability Insurance Carrier: _____

Policy#: _____ Amount: _____ Policy period from: _____ to _____

Workman's Compensation Insurance Carrier: _____

Policy#: _____ Amount: _____ Policy period from: _____ to _____

Insurance Agent's Name: _____ Phone: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY

Type of Trade License: _____ License No.: # _____

Approved by: _____ Date Issued: _____

ONLY AN OFFICER OF THE COMPANY CAN SIGN: SOLE PROPRIETOR, PRESIDENT, VICE PRESIDENT, OR PROJECT MANAGER

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law. Yes No

If the answer is yes, complete the following sections as appropriate.

INSURANCE INFORMATION

Name of firm: _____

Federal or State Employer Identification Number: # _____

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

Name of Workers' Compensation Insurer: _____

Worker' Compensation Insurance Policy No.: # _____ Certificate Attached

Policy expiration date: _____

ALL GENERAL CONTRACTORS ARE RESPONSIBLE TO REPORT ALL SUB-CONTRACTORS

EXEMPTION

Complete this section if the applicant is a contractor claiming an exemption from providing workers' compensation insurance.

The undersigned swears of affirms that he/she is not required to provide worker' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the reasons, as follow:

- 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 Worker' Compensation Law.

Subscribed and sworn to before me this:

_____ Day of _____,

(Signature of Notary Public)

My commission expires _____
(SEAL)

(Print Name of Applicant)

(Signature of Applicant)

Address: _____

Municipality: _____

County: _____

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