

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE  
198 Lafayette Road  
West Brandywine, PA 19320  
Phone: 610-380-8200 Fax: 610-384-4934  
**CONTRACTOR'S INSURANCE VERIFICATION REGISTRATION**

**FEE: \$45.00**

DATE: \_\_\_\_\_

Contractor's engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, **please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State Registration Certificate.**

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000.00; 2) Per Personal Injury - \$500,000.00;  
3) Property Damage - \$1,000,000.00
- b. Automobile Liability - 1) Combined Coverage - \$1,000,000.00
- c. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000.00

***VALID FROM JANUARY 1<sup>ST</sup> TO DECEMBER 31<sup>ST</sup> ANNUALLY***

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**CONTRACTOR INFORMATION:**

Contractor's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Names of principal partner or officer: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: \_\_\_\_\_

Certificate of Insurance attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

**CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

**AFFIDAVIT**

**To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.**

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

Federal or State Employer or Tax Identification No: \_\_\_\_\_

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons as indicated:

Contractor and sole proprietor without 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.

\_\_\_\_\_ Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_**

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

\_\_\_\_\_  
**My Commission Expires:**