



THE BOROUGH OF JENKINTOWN

P.O. BOX 2176
700 SUMMIT AVENUE
JENKINTOWN, PA 19046
WWW.JENKINTOWN-PA.GOV

215/885-0700

Workers' Compensation Affidavit

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a permit(s).

After receipt of the permit(s) if I employ any other persons I must notify the Borough office and provide proof of Workers' Compensation coverage within three business days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workmens' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L.).

Subscribed and sworn to before me this _____ day of _____, 20____.

(Signature of Notary Public)

My Commission Expires