



October 1st, 2026

To: Contractors and Construction Permit Customers

From: Department of Community Development

Subject: Workers' Compensation Insurance Verification

Enclosed is a Workers' Compensation Insurance Verification Form for the year 2027 and an Addendum to Permits. Please complete the appropriate attached forms and return them to our office with a payment of \$50 and proof of PA State Workers' Compensation Insurance or exemption. If you are submitting your Certificate of Insurance/Self-Insurance as proof of PA State Workers' Compensation, please complete pages 2 and 3 of the attached forms. If you are claiming exemption, please complete pages 2 and 4 of the attached forms. We are required by state law to verify contractors' Workers' Compensation Insurance prior to issuing any permits. This program is not covered by the Pennsylvania Home Improvement Contractors Registration Program.

If you have any questions, please feel free to contact the Department of Community and Economic Development by calling (717) 975-7575 or emailing at CED_Inquiries@latwp.org. We thank you in advance for your cooperation.

For your convenience, the Workers' Compensation Insurance Verification and all permit forms are available online at https://latwp.org/departments/community_development/permits.php



LOWER ALLEN TOWNSHIP WORKERS' COMPENSATION INSURANCE VERIFICATION

2027 Workers' Compensation Insurance Verification in Lower Allen Township is now due and payable. Fees and completed forms must be received before you can obtain a permit. Please complete the following and return with the fee and proof of PA Workers' Compensation Insurance or exemption.

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____

CONTACT PERSON _____

E-MAIL ADDRESS _____

TYPE OF CONTRACTING WORK PERFORMED _____

FEDERAL/STATE EMPLOYER ID # _____

If your business is a partnership, list partner names. If your business is a corporation, list corporate officers.

Workers' Compensation Insurance Verification Fee:

Your 2027 Lower Allen Workers' Compensation Insurance Verification Fee is \$50. This fee covers Lower Allen Township's administrative cost to see that all contractors doing work in Lower Allen Township comply with the Pennsylvania State Workers' Compensation laws.

Please mail your payment and proof of PA State Workers' Compensation or exemption to Lower Allen Township, 2233 Gettysburg Road, Camp Hill, Pennsylvania 17011 (Checks should be made payable to "Lower Allen Township") or submit by emailing your completed forms to CED_Inquiries@latwp.org and completing the credit card payment (service fee will apply) using this link: <https://www.govpaynow.com/gps/user/plc/6539>.



ADDENDUM TO PERMITS

- The applicant for the permit, in compliance with Act 44 of 1993, hereby submits (check one):
 - ☐ Certificate of Insurance (Please attach)
 - ☐ Certificate of Self-Insurance (Please attach)
 - ☐ Affidavit of Exemption

- If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Ends _____

Name of Contractor _____

Address _____

City _____ State _____ Zip Code _____

Contractor Federal or State Employer Identification Number (EIN) _____

1. This policy provides coverage for the requirements of Workers' Compensation Acts, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the permit is to be termed a policy certificate holder.
3. Any subcontractors needed on this project will be required to carry their own workers' compensation coverage.
4. The contractor policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop work order and other fines and penalties as provided by law.



- If an exemption is being claimed, please complete and sign the following:

Basis for exemption (Check one):

- ☐ Applicant is an individual who owns property
- ☐ Contractor/Applicant is a sole Proprietorship without employees
- ☐ Contractor/Applicant is a member-managed LLC without employees
- ☐ Contractor/Applicant is a corporation, and the only employee working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.
- ☐ All the Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

Name of Applicant: _____

Address: _____

City _____ State _____ Zip Code _____

Applicant Federal or State Employer Identification Number (EIN) _____

1. Any subcontractor used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit violation of the Act.
3. Violation of the Workers' Compensation Act of the Terms of this permit subjects the applicant to a Stop-work order and their fines and penalties provided by law.

My signature on behalf of or as contractor/applicant for this permit constitutes my verification that the statement contained here are true, and that I am subject to the penalty of 18 PA C.S.A.S.4904 relating to unsworn falsifications to authorities.

Signature

Name (Please Print)

Title

Name of Company