



# New Hanover Township

2943 N Charlotte Street Gilbertsville, PA 19525

610-323-1008 | [permits@newhanoverpa.gov](mailto:permits@newhanoverpa.gov)

## Contractor Registration Application

Complete this application legibly and submit it along with the required application fee and information detailed below.

### Part 1 – Business Information

Business/Trade Name: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_  
*(partners, directors, officers, etc.)*

Type of Trade: \_\_\_\_\_  
*(general contractor, concrete, electrician, mechanical, plumber, paver, etc.)*

Business Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part 2 - Insurance Requirement

No contractor's license shall be issued unless the applicant files a certificate of insurance and workers' compensation coverage information with the Township at the time of application. The certificate of insurance and worker's compensation coverage shall contain a provision that coverage afforded under the policy will not be cancelled unless written notice of such cancellation has been given to the Township at least fifteen (15) days prior. The certificate of insurance must evidence policies of insurance for public liability, property damage, product liability, and completed operations, with limits of not less than \$100,000 per person, \$300,000 per occurrence for bodily injury liability, and \$100,000 on property damage liability.

### Part 3 - Agreement and Acknowledgment

The undersigned hereby registers to work in New Hanover Township, Montgomery County, PA, for the calendar year ending December 31<sup>st</sup>.

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Part 4 - Workers' Compensation Insurance Coverage

A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law?

- Yes** If the answer is "yes," complete **Sections B, C, D, and E** below, as appropriate.
- No** If the answer is "no," complete **Section E** (including homeowner as contractor).

## B. Insurance Information

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

Federal or State Employer Identification Number \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation

- Certificate of Insurance is attached listing NHT as certificate holder
- Certificate to be provided

Name of Workers' Compensation Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

- Certificate of Insurance is attached listing NHT as certificate holder
- Certificate to be provided

C. Is the applicant using any subcontractor(s) on this project?  Yes  No

If the answer is "yes", all subcontractors must present proof to the Township of insurance (or sign affidavit of exemption in Section D, below) pursuant to the PA Workers' Compensation Act.

D. Affidavit of Exemption: Complete this section if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that they are not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's 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.

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

## E. Signature Required

Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_