



P.O. BOX 5 ■ KENNETT SQUARE, PA 19348 ■ 610-444-6020 ■ FAX 610-444-3216
YEAR 2010 CONTRACTOR'S REGISTRATION APPLICATION
FEE: \$100.00

Firm Name: _____ Phone No.: _____
Fax No.: _____ Email: _____
Address: _____

_____ Individual _____ Partnership _____ Corporation

Type of Business: _____

Are you licensed in other Municipalities? Yes _____ No _____

If yes, list license number and issuing municipalities/counties.

I do ___ do not ___ wish to be listed as a contractor who does historic restorations.

INSURANCE INFORMATION-
Certificate of Insurance must accompany this application.

Public Liability Insurance Carrier: _____

Policy No.: _____ Amount: \$ _____ Policy Period: _____ to _____

Workmen's Compensation Insurance Carrier: _____

Policy No.: _____ Amount: \$ _____ Policy Period: _____ to _____

Insurance Agent's Name: _____

Address: _____ Phone No. : _____

APPLICANT INFORMATION

Name & Title: _____

Address: _____ Phone No. _____

Birth Date: _____ Social Security No.: _____

Applicant's Signature: _____ Date: _____

FOR BOROUGH USE ONLY

License Number: _____

Signature of Approval: _____ Date: _____

TO: Contractors and Subcontractors

FROM: Russell Drumheller, Building Inspector/Zoning Officer
Borough of Kennett Square

DATE: December 15, 2006

RE: Workmen's Compensation Reform Act #44 of 1993

The Borough of Kennett Square will not issue a Building Permit to a contractor, subcontractor or resident (i.e., plumber, electrician, mason, heating, ventilation and air conditioning) without documentation of current insurance coverage and compliance with the requirements of Pennsylvania Workmen's Compensation Reform Act #44. The contractor must provide one of the following:

1. Certificate of Insurance issued by your insurance carrier as proof of Workmen's Compensation Insurance for your employees; or
2. Certificate of self-insurance from the Department of Labor and Industry; or
3. A notarized Affidavit of Exemption from Workmen's Compensation Insurance stating you will not hire any employees to work on the construction project; and
4. Register via company letterhead or billhead, including address and phone number (Post Office Box no acceptable), your Federal and State Identification Number.

In addition, all **contractors** and **subcontractors** must receive a Contractors' Registration to work in the Borough of Kennett Square before a Building Permit can be issued.

Borough resident and/or homeowner please note: If resident and/or homeowner will be performing the work, they must file a notarized Affidavit of Exemption from Workmen's Compensation Insurance stating that they will not hire/employ and individual or subcontract work on the construction project.

Should resident and/or homeowner later choose to be forced to subcontract work to comply with the building code, it is the responsibility of the resident to see that the subcontractor comply with the regulations as outlined above.

Under Section 302 or Act 44, every Building Permit issued by the Borough to a contractor, subcontractor or resident shall clearly set forth one of the following:

1. Name and Workmen's Compensation Policy and the contractors and/or subcontractors' Federal or State Employee Identification Number;

2. Contractors' Federal or State Employer Identification Number and the substance of the affirmation that the application is not permitted to employ/hire any individual to perform work pursuant to the Building Permit; and
3. Resident and/or homeowners' notarized Affirmation that he will not employ any individual to perform work pursuant to the Building Permit.

These certificates shall be filed with the Borough's copy of the Building Permit. Upon Issuance of a Building Permit, the Borough will be named as a WC policy certificate holder. The issuer of the policy, your insurance carrier, must inform the municipality within three (3) working days of any change or termination of coverage.

If the Borough received notice that you have had coverage terminate, lost state-approved self-insurance status or employed persons without providing coverage, the Borough must and will under Section 302(e) (4) issue a Stop Work Order. The Stop Work Order may not be lifted until the contractor and/or subcontractor reobtains proper coverage.

The Borough realizes the impact this Act will have upon contractors, subcontractors and residents and for this reason suggests that you:

1. Notify Workmen's Compensation Insurance Carrier that a Certificate of Insurance should be forwarded to the Borough of Kennett Square Codes Department at the address noted above, at the same time you should register via company letterhead or billhead (which includes address and telephone number – a Post Office Box number is not acceptable), with the Codes Department your Federal or State Employer Identification Number;
2. Provide Certification of self-insurance from the Department of Labor and Industry at the same time you register via company letterhead or billhead (which includes address and telephone number – Post Office Box number is not acceptable), with the Codes Department your Federal or State Employer Identification Number; and
3. Notify frequently used subcontractors to follow the same procedure providing the Borough with the information and date required.

These Certificates, Certification and Affidavits, along with Federal and State Employer Identification Numbers, will be filed be filed alphabetically in the Codes Department and need only be updated when there is a change of address, insurance coverage, insurance companies or notification by insurance company of expiration or cancellation.

Nothing in the Workmen's Compensation shall be the basis of any liability on the part of the Borough. It is not the Borough's responsibility to notify you that your insurance has expired or been cancelled, nor shall the Borough incur liability for any damages which may result from the issuance of the Stop Work Order.

It is in your best interest that we have taken the initiative to notify you of the requirements of the Act. The Borough has provided you with a means to comply so as not to interrupt, delay or cause financial hardship, yet effectively and efficiently achieve the goals of the Act regarding employee coverage for work-related illness or injury.

WORKMEN'S 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.

After receipt of the _____ permit, if I employ any other persons I must notify the Borough of Codes Department and provide proof of Workmen's Compensation coverage within three (3) working 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 Workmen's Compensation Act, reenacted and amended June 21, 1939, amended December 5, 1974, and amended July 2, 1993.

Subscribed and sworn before me this _____ day of _____, 200 .

LOCATION OF PROPERTY: _____

TAX PARCEL NO.: _____

Signature of Notary Public

Applicant Signature

My Commission Expires