

**AFFIDAVIT OF EXEMPTION
WORKER'S COMPENSATION INSURANCE**

The undersigned hereby certifies to the Borough of Bedford that Worker's Compensation Insurance is not required for the work to be performed pursuant to this Zoning Permit for the following reason:

A. All work will be done by the owner(s) of the land/facility acting as the contractor and no other individuals will be employed.

Owner's Federal or State Employer Identification Number or Social Security Number: _____

B. All work will be done by the contractor who does not employ other individuals and who is not required to carry Worker's Compensation Insurance. No other individuals will be employed to perform work pursuant to this Zoning Permit

Contractor's Federal or State Employer Identification Number or Social Security Number: _____

C. All work will be done by a contractor whose employees have been exempted from the requirement of Worker's Compensation by the Department of Labor & Industry for religious reasons pursuant to 77 P.S. § 484. (Attach copy of Labor & Industry Waiver)

Contractor's Federal or State Employer Identification Number or Social Security Number: _____

The undersigned acknowledges that in the event there is a change in any of the circumstances certified above, the undersigned shall immediately stop all work until the Borough of Bedford is provided with a Certificate of Worker's Compensation Insurance or a revised Affidavit of Exemption and an authorization to resume work is issued by the Borough.

The undersigned says, subject to the penalties of 18 Pa C.S. §4904 relating to unsworn falsification to authorities, that the facts set forth in this Affidavit of Exemption and the Application for a Zoning Permit are true and correct to the best of the undersigned's knowledge, information and belief.

Date: _____

(Owner/Contractor)