

EMPLOYER'S CERTIFICATE OF INSURANCE

THE FOLLOWING INFORMATION MUST BE FURNISHED TO THE BUREAU AS EVIDENCE OF COMPLIANCE WITH SECTION 305 OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT. PLEASE PRINT LEGIBLY.

Number of Pennsylvania Employees _____ Employer Account Number _____

Your Church / Daycare

Federal Employer Identification Number

XX-XXXXXXX

IF YOU HAVE WORKERS' COMPENSATION INSURANCE:

Workers' Compensation Insurance Company name _____ NAIC# (located on Policy) _____

Policy Number _____ Check if policy information is for a renewal of previous policy

Policy effective start date - - Policy effective end date - -
MM DD YYYY MM DD YYYY

Insurance Agent Information

Name _____

Address _____
Street Address

City/Town _____ State _____ ZIP _____ Telephone _____

IF YOU DO NOT HAVE WORKERS' COMPENSATION INSURANCE: (check only one)

Out of business Company out of business date (if applicable) - -
MM DD YYYY

Zero employees (ex: sole proprietor, LLC members and general partners (not corporations))

Corporation with zero employees and all executive officer(s) excepted (MUST file forms LIBC-509 and LIBC-513)

Only employs domestic or religious employees considered exempt under the Act

Other *Self Insured UMWC Trust Permit 5522*

I, the undersigned, verify that I am authorized to sign on behalf of the above-named business. I further verify that the facts set forth in the Employer's Certificate of Insurance are true to the best of my knowledge, information and belief. These verifications are made subject to the penalties of 18 PA.C.S. §4904, relating to unsworn falsification to authorities.

Signature _____ Date _____

First Name _____ Employer's Telephone _____

Last Name _____ Title _____

SUBMIT COMPLETED FORM TO:

Department of Labor and Industry | BWC | Compliance | 1171 S Cameron St Rm 114 | Harrisburg, PA 17104

Toll free inside PA: 800-482-2383 | Local and Outside PA: 717-787-3567 | Fax: 717-214-5264

Hearing Impaired: PA Relay 7-1-1

Online: www.wcals.pa.gov | Email: ra-libwc-compliance@pa.gov

www.dli.pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal opportunity Employer/Program