

Official Offices of the  
**Borough of Upland**  
Settled in 1683

224 Castle Avenue  
Upland, Pennsylvania 19015

Telephone: (610) 874-7317  
Fax: (610) 874-7045

## **WORKERS' COMPENDATION AFFIDAVIT**

I, \_\_\_\_\_, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a Building / Electric / Plumbing or Mechanical Permit.

After receipt of the Permit, if I employ any other persons, I must notify the Borough Offices and provide proof of Workers' Compensation Insurance coverage within three (3) working days.

I hereby release and hold harmless the Borough of Upland and Homeowner where said work is to be performed from any and all lawsuits, claims, damages, and/or personal injuries occurring on any job site in the Borough of Upland.

It is further understood and acknowledged that pursuant to the Borough Ordinances, if the Borough of Upland determines that I have provided false information in the application process, in that I am using unlicensed subcontractors and/or employees without Proof of Workers' Compensation Insurance, my license will be revoked immediately by the Borough.

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, 1999 (P.L. 736) known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993 (P.L. Act 44)

\_\_\_\_\_  
Applicant

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_