Borough of Royersford
300 Main Street
Royersford, PA 19468
Phone: 610-948-3737 Fax: 610-948-2915

CONTRACTOR REGISTRATION APPLICATION
FEE: $75.00 (Annual January to December)

Contractor ID# _____

SECTION 1. Contractor Information

Name: _____ Business Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
Contractor State/Federal I.D. # _____

SECTION 2. Type of Contractor

☐ General ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Other

SECTION 3. Insurance Requirements

A current certificate of insurance must accompany registration

Liability Insurance Company: _____
Policy No. _____ Expiration Date: _____

Worker's Compensation Insurance Company: _____
Policy No. _____ Expiration Date: _____

Applicant is a qualified self-insurer for workers compensation? ☐ Yes ☐ No
(Attach certificate if applicable)

_____ _____
Applicant Signature Date

SECTION 4. Exemption

This section must be notarized if applicable

Complete this section if the applicant is a contractor claiming exemption from providing worker's compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of the Pennsylvania Workers' 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 Borough.

☐ Religious exemption under the Workers' Compensation Law.

_____ _____
Signature of Applicant Date

Subscribed and sworn to before me this ___ day of _____ .

_____
Signature of Notary Public
My commission expires _____
County of _____ **(Seal)**