

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: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
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)**