



New Garden Township

Board of Supervisors

CONTRACTOR REGISTRATION APPLICATION SUBMISSION CHECKLIST

Forms & insurance documents should be submitted to
299 Starr Road, Landenberg, PA 19350 either in-person or through mail.

Contractor Registration Application

Contractor Registration Addendum- **DO NOT** complete unless exempt from providing Worker's Compensation Insurance

- * Any contractor or subcontractor used on a project in New Garden Township will be required to carry their own Worker's Compensation coverage, unless claiming an exemption. An applicant is not permitted to employ any individual to perform work on a project without providing worker's compensation, pursuant to the Worker's Compensation Act of June 24, 1996, P.L. 350, No. 57.

Certificate of Insurance naming **NEW GARDEN TOWNSHIP** as a certificate holder

(Insurance Certificate may be emailed to permits@newgarden.org or faxed to 610-268-0458)

* Minimum Insurance Requirements as per Ordinance #149

| | |
|--|--|
| General Liability: | \$1,000,000 per year occurrence \$2,000,000 general aggregate |
| Bodily Injury: | \$300,000 |
| Property Damage: | \$1,000,000 |
| Vehicle(s): | Combined single limit of \$500,000 |
| Minimum Worker's Compensation Coverage or notarized addendum | |
| Adequate Builder's Risk coverage | |

PA H.I.C REGISTRATION (PROVIDE COPY IF APPLICABLE)

\$100 ANNUAL APPLICATION FEE

- * Residential Home Improvement Contractors registered with the PA Attorney General's office are exempt from registration fees. This **DOES NOT** apply to new residential construction or commercial construction.

Developers and General Contractors are required to register and are responsible for ensuring that all subcontractors are registered with New Garden Township prior to commencing any work on projects within New Garden Township limits.



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CONTRACTOR REGISTRATION APPLICATION

Forms & insurance documents should be submitted to
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Business Name: _____

Business Owner(s): _____

Office phone: _____ Cell phone: _____

Email: _____ Other contact: _____

Address: _____

Emergency Contact: _____ Phone: _____

Type of Business:

- Residential Home Improvement PA H.I.C. Registration # _____
 Residential New Constructions
 Commercial Contractor

Has this business or its owner(s) ever been the defendant in a civil enforcement proceeding?

Yes No Disposition: _____

Has this business or its owner(s) ever been the subject of an OSHA investigation?

Yes No Disposition: _____

* IF YOU PROVIDE WORKER'S COMPENSATION INSURANCE, YOU MAY SIGN AND SUBMIT THIS APPLICATION, STATING THAT ALL OF THE ABOVE IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. IF YOU DO NOT PROVIDE WORKER'S COMPENSATION INSURANCE, YOU MUST COMPLETE THE ATTACHED ADDENDUM AND HAVE NOTIRIZED AFFIRMING THAT YOU ARE EXEPMT FROM PROVIDING WORKER'S COMPENSATION INSURANCE.

I PROVIDE WORKER'S COMPENSATION INSURANCE AND DO NOT REQUIRE AN EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE.

OWNER

DATE

TO BE COMPLETED BY TOWNSHIP PERSONNEL

Registration Issued: ____/____/____ Registration #: _____ FEE PD: CK # _____ CC Cash

Required forms provided:

Cert. of insurance as named holder PA H.I.C. Registration Addendum, if exemption claimed Fee



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CONTRACTOR REGISTRATION APPLICATION ADDENDUM

Forms & insurance documents should be submitted to 299 Starr Road, Landenberg, PA 19350 either in-person or through mail.

* COMPLETE THIS ADDENDUM ONLY IF YOU CLAIM AN EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE. DO NOT SIGN THIS FORM UNLESS IN THE PRESENCE OF A NOTARY PUBLIC.

Basis of Exemption (Select one):

- Contractor/ applicant is a sole proprietorship and has no employees
- Contractor/ applicant is a corporation and the only employees working on the project are qualified as "Executive Employees" under section 104 of the Worker's Compensation Act.
Explain: _____
- All of the contractor/ applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act.
Explain: _____
- Other
Explain: _____

Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a STOP WORK ORDER and other fines and penalties provided by law.

STOP!
DO NOT SIGN UNLESS IN THE PRESENCE OF A NOTARY PUBLIC

Signature

Title

Name (Please print)

Name of Company

Date: _____

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER

Subscribed before me this _____ day of _____, 20____

SEAL

Notary Public

Date Commission Expires