

# Municipality of Monroeville

A Home Rule Charter Municipality .

Municipal Center  
2700 Monroeville Boulevard  
Monroeville, PA 15146-2388

Phone (412) 856-1000  
Fax (412) 856-3366  
www.monroeville.pa.us

## **WORKERS' COMPENSATION REFORM ACT #44 OF 1993**

### **TO: ALL BUILDING PERMIT APPLICANTS ALL CONTRACTORS & SUBCONTRACTORS**

**EFFECTIVE SEPTEMBER 1, 1993, the Municipality of Monroeville will no longer issue a building permit to a resident, contractor or subcontractor who has not demonstrated current coverage and compliance with the requirements of the Workers Compensation Reform Act #44 of 1993. As proof of insurance under this Act, one of the following MUST be submitted with the Building Permit Application, to include:**

- 1. Certificate of Insurance issued by your insurance carrier as proof of workers' compensation for your employees;**
- 2. Certification of Self-Insurance from the Department of Labor and Industry; or**
- 3. Notarized Affidavit of Exemption from workers' compensation insurance stating you will not hire any employees to work on the construction permit (See Attachment A)**

**Additionally, all contractors & subcontractors must provide the Building Permit Application the following information, including; company name; address; telephone number; contact person; and federal or state employer identification number. Contractors or Subcontractors will also be required to submit an affidavit attesting that they are in compliance with the Workers' Compensation Act #44 of 1993 (See Attachment B)**

**For residents performing their own work, it will be necessary that a notarized affidavit of exemption from workers' compensation insurance be submitted with the Building Permit Application. This affidavit must state that no persons will be hired/employed, or no work contracted or subcontracted on the construction project. (Attachment A) However, should the resident later choose to hire a contractor or subcontractor to complete any work on the construction project, it will be the responsibility of the resident to see that the contractor or subcontractor comply with the regulations outlined above.**

Senior Citizens Center  
6000 Gateway Campus Blvd.  
Monroeville, PA 15146  
(412) 856-7825  
Fax: (412) 856-4728

Public Works  
200 Starr Drive  
Monroeville, PA 15146  
(412) 856-3343  
Fax: (412) 856-3377

Monroeville Public Library  
4000 Gateway Campus Blvd.  
Monroeville, PA 15146  
(412) 372-0500  
Fax: (412) 372-1168

# **WORKERS' COMPENSATION REFORM ACT #44 OF 1993 COMPLIANCE REQUIREMENTS**

## **PAGE 2**

**The certificate and/or affidavits shall be kept on file with the Municipality of Monroeville's copy of the building permit. With the issuance of the building permit, the Municipality of Monroeville shall be named as a workers' compensation policy certificate holder of a contractor/subcontractor issued building permit. An insurer issuing a policy shall be required to notify the Municipality of Monroeville of an expiration or cancellation of any such policy of insurance or policy certificate within three working days of such expiration or cancellation.**

**Upon receiving actual notice that the contractor's/subcontractor's workers' compensation insurance or State-approved self-insured status has been canceled, the Municipality of Monroeville shall issue a stop work order to a contractor/subcontractor who is performing work pursuant to a building permit. Also, if the Municipality receives actual notice that a permittee, having filed an affidavit of exemption from workers' compensation insurance, has hired persons to perform work pursuant to a building permit and does not maintain required workers' compensation insurance, the Municipality of Monroeville shall issue a stop work order. The order shall remain in effect until proper workers' compensation coverage is obtained for all work performed pursuant to the building permit.**

**WORKERS COMPENSATION AFFIDAVIT  
EMPLOYMENT EXEMPTION**

I, \_\_\_\_\_, do solemnly swear that I have not or will not employ/hire any other persons for the project for which I am seeking a building permit.

After issuance of the building permit if I employ any other persons, I must notify the Building Inspector, Building Department for the Municipality of Monroeville, and provide proof of Workers' Compensation coverage within three working days.

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(a)(4) of the act of June 2, 1915(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.

\_\_\_\_\_  
Signature

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

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

SEAL

**WORKERS COMPENSATION AFFIDAVIT  
CONTRACTOR AND SUBCONTRACTOR**

I, \_\_\_\_\_, do solemnly swear that I am in compliance with the Workers' Compensation Act # 44 of 1993, and/or that I currently have in effect Workers Compensation Insurance coverage as provided in Exhibit A, attached hereto and incorporated herein. Furthermore, I will name the Municipality of Monroeville as the workers compensation certificate holder.

If I employ any subcontractors, I shall provide the Municipality of Monroeville with a copy of the workers compensation policy of the subcontractor.

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(a)(4) of the act of June 2, 1915(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.

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My Commission Expires

SEAL