

**EXHIBIT "B"**

**AFFIDAVIT REGARDING ACCEPTING THE PROVISIONS OF THE  
WORKERS' COMPENSATION ACT**

**AFFIDAVIT RE:**

**ACCEPTING PROVISIONS OF THE WORKERS' COMPENSATION ACT**

State of Pennsylvania

County of Allegheny

The undersigned in behalf of the firm being duly sworn according to law deposes and says he has accepted the provisions of the Workers' Compensation Act of 1915 of the Commonwealth of Pennsylvania, with its supplements and amendments, and has insured his liability thereunder in accordance with the terms of said Act with

\_\_\_\_\_ Company.  
(Insuring Company)

By : \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_

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

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