EMPLOYEE CONCENTRATION SUPPLEMENTAL INFORMATION

Print Form

Name of Applicant: ____________________
Effective Date: ____________________
Applicant's Representative: ____________________
☐ **New** ☐ **Renewal of Policy #:** ____________________
Total Number of Employees: ____________________

ONLY COMPLETE COLUMNS 5-7 FOR ANY LOCATION WHERE 200 OR MORE EMPLOYEES WORK

ALL LOCATIONS MUST BE LISTED							
ZIP CODE MUST BE INCLUDED FOR EACH LOCATION Location Address (Street, City, State & Zip – not mailing address)	1 # of Emps	2 #of Shifts	3 Floors Occupied (i.e. 2nd, 3rd, 17th)	4 # of Stories	5 Year Built	6 Building Construction (Use codes 1-6 listed below)	7 Has the building been retro-fitted for earthquake? Yes/No

Building Codes: 1=Wood Frame 2=All Metal 3=Steel Frame 4=Reinforced Concrete 5=Concrete Brick/Block 6=Earthquake Resistant

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Completed by: ____________________

(Please type name, title, and company/broker on signature line above)

Date: ____________________

SAFETY NATIONAL CASUALTY CORPORATION

1832 SCHUETZ ROAD ST. LOUIS, MO 63146 (314) 995-5300 FAX (314) 995-3843