

NAME OF APPLICANT	
EFFECTIVE DATE	
APPLICANT'S REPRESENTATIVE	
<input type="checkbox"/> New <input type="checkbox"/> Renewal of Policy #	
TOTAL NUMBER OF EMPLOYEES:	

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

[illegible]

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: \_\_\_\_\_**