

# **SAFETY NATIONAL**

Casualty Corporation

a **DELPHI** company

## **EMPLOYEE CONCENTRATION SUPPLEMENTAL INFORMATION**

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**

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

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: \_\_\_\_\_