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

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

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 include name, title, and company/broker on signature line above)
Date: _____

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