

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:								
	MUOT D	.=o				ONLY COMPLETE COLUMNS 5-7 FOR ANY LOCATION WHERE 200 OR MORE EMPLOYEES WORK		
ALL LOCATIONS ZIP CODE MUST BE	MUSIB 1	2 2	בט 3	4	5	6	7	
INCLUDED FOR EACH LOCATION Location Address (Street, City, State & Zip - not mailing address)	# of Emps	# of Shifts	Floors Occupied (i.e. 2 nd , 3 rd , 17 th)	# of Stories	Year Built	Building Construction (Use codes 1-6 listed below)	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:								