



## Concentration of Employees

Please complete the following information for each workplace.

|                     |  |
|---------------------|--|
| Name                |  |
| Application/Quote # |  |
| Federal Tax ID      |  |
| DBA                 |  |
| Unit #              |  |
| Workplace Address   |  |
| Mailing Address     |  |

### Contact Information

#### Corporate Contact

Phone

Email

#### Billing Contact

Phone

Email

#### Claims Contact

Phone

Email

#### Workplace Contact

Phone

Email

**Completion of the following information is essential to coverage.  
Please complete and return the information as soon as possible.**

|   |   |  |  |
|---|---|--|--|
| <b>Total number of employees at this workplace location</b>   |   | If only one shift, list the total number of employees.     |  |
| <b>Total number of employees on the largest shift at this location</b>  |   |  |  |
| <b>Business Category</b> Check the (one) box that best describes the business at this location.   |   |  |  |
| <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Construction       | <input type="checkbox"/> Management Company                | <input type="checkbox"/> Health Care/Social Assistance |
| <input type="checkbox"/> Utilities  | <input type="checkbox"/> Education Services | <input type="checkbox"/> Accommodations/Food Service       | <input type="checkbox"/> Real Estate/Rental/Leasing    |
| <input type="checkbox"/> Information  | <input type="checkbox"/> Wholesale Trade    | <input type="checkbox"/> Professional/Scientific/Technical | <input type="checkbox"/> Agriculture/Forestry/Fishing  |
| <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Finance/Insurance  | <input type="checkbox"/> Transportation/Warehousing        | <input type="checkbox"/> Arts/Entertainment/Recreation |
| <input type="checkbox"/> Admin/Support/Waste Mgmt/Remediation Svc   | <input type="checkbox"/> Other (explain)    |  |  |
| <b>Number of stories in building at this location</b>   |   |  |  |
| <b>Number of stories occupied at this location (by policyholder)</b>  |   |  |  |
| <b>Occupancy type</b> <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Unknown  |   |  |  |
| <b>Construction type</b> <input type="checkbox"/> Wood frame <input type="checkbox"/> All metal <input type="checkbox"/> Steel frame <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Concrete brick/block |   |  |  |

Completed by - Name :

Email:

Title:

Date:

If there are any questions feel free to contact Clearpath Specialty at 1-800-367-5372. Please return this form as soon as possible via fax at 502-894-0066, or mail to: Clearpath Specialty, 9960 Corporate Campus Drive, Suite 1400, Louisville, KY 40223.