****

**Concentration of Employees**

Please complete the following information for each workplace.

|  |  |
| --- | --- |
| Name |  |
| Federal Tax ID |  |
| DBA |  |
| Unit |  |
| Workplace |  |
| 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.**

|  |  |  |
| --- | --- | --- |
| **Total number of employees at this workplace location** |  | If only one shift, list the total number of employees. |
| **Total number of employees on the largest shift at this location** |  |
| **Business Category** Check the (one) box that best describes the business at this location. |

|  |  |  |  |
| --- | --- | --- | --- |
| * Manufacturing
 | * Construction
 |  Management Company | * Health Care/Social Assistance
 |
|  Utilities |  Education Services | * Accommodations/Food Service
 |  Real Estate/Rental/Leasing |
| * Information
 | * Wholesale Trade
 | * Professional/Scientific/Technical
 |  Agriculture/Forestry/Fishing |
| * Retail Trade
 | * Finance/Insurance
 |  Transportation/Warehousing |  Arts/Entertainment/Recreation |

 Admin/Support/Waste Mgmt/Remediation Svc  Other (explain)

|  |  |  |
| --- | --- | --- |
| **Number of stories in building at this location** |  |  |
| **Number of stories occupied at this location** (by policyholder) |  |  |
| **Occupancy type** |  **Own** |  **Lease** |  **Unknown** |  |  |
| **Construction type**  **Wood frame**  **All metal** **Steel frame**  **Reinforced concrete**  **Concrete brick/block** |

**Completed by - Name : Email: Title: Date:**

If there are any questions feel free to contact ClearPath Mutual at 1-800-367-5372. Please return this form as soon as possible via fax at 502-894-0066, or mail to: ClearPath Mutual, 200 Executive Park, Louisville, KY 40207.

Concentration of Employee Form – New Business 12-17