## Georgia Administrative

**EMPLOYEE CONCENTRATION SUPPLEMENTAL INFORMATION** 

NAME OF APPLICANT		
EFFECTIVE DATE		
APPLICANT'S REPRESENTATIVE	Georgia Administrative Services	s, Inc
New	Renewal of Policy #	<u>.</u>
TOTAL NUMBER OF EMPLOYEES:	Full Time Part Time	Seasonal

LIST ALL LOCATIONS		ONLY COMPLETE COLUMNS 2-10 FOR ANY LOCATION WHERE 100 OR MORE EMPLOYEES WORK								
ZIP CODE MUST BE INCLUDED FOR EACH LOCATION	1	2 Hours Of	3 Floors Occupied	<b>4</b> #	5 #	6 # Emps	7 #	8	9	10
Location Address (Street, City, State & Zip - not mailing address)	# of Emps	Opera- tion	(i.e. 2 <sup>nd</sup> , 3 <sup>rd</sup> , 17 <sup>th</sup> )	Emps per Floor	Emps On Shift 1	On Shift 2	Emps On Shift 3	Building Construction	# of Stories	Year Built

## LOSS CONTROL AND SAFETY:

Risk Manager Yes No Full Time x Part Time Does the Applicant have guidelines for handling suspicious mail a Does the Applicant conduct periodic fire and emergency evacuat If yes, does the Applicant have procedures in place to account fo <b>MISCELLANEOUS</b> :	ion drills?					
Has the building been updated (example: electrical, sprinkler system)						
If yes, when:						
Has the building been retro-fitted (earthquake): Yes No If yes, when: Not in Earthquake Fau						
	e signed by the Applicant or the Applicant's Representative. re complete and true and that all material facts have been fully disclosed.					
Applicant's	Applicant					
Representative	Signature					
Date	Title					