## 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>	<u>.</u>	
TOTAL NUMBER OF EMPLOYEES:	Full Time Part Time	e Seasonal	

LIST ALL LOCATIONS			WHERE 100 OR MORE EMPLOYEES WORK							
ZIP CODE MUST BE INCLUDED FOR EACH LOCATION	1	2 Hours Of	3 Floors	<b>4</b> # Emps	5 # Emps	6 # Emps	7 # Emps	8	9	10
Location Address (Street, City, State & Zip - not mailing address)	# of Emps	Opera- tion	Occupied (i.e. 2 <sup>nd</sup> , 3 <sup>rd</sup> , 17 <sup>th</sup> )	per Floor	On Shift 1	On Shift 2	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 and pac Does the Applicant conduct periodic fire and emergency evacuation drills If yes, does the Applicant have procedures in place to account for all em	s? Yes No				
MISCELLANEOUS:					
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					
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.					
Applicant's Applica	Int				
Representative Signatu	ure				
Date Title					