

LOVELAND & SMART INSURANCE SERVICES, INC

EMPLOYEE CONCENTRATION WORKSHEET

1= WOOD 3=STEEL FRAME 5=CONCRETE BRICK/BLOCK
2= ALL METAL 4=REINFORCED CONCRETE 6=EARTHQUAKE RESISTANT

Name of Applicant: _____ Effective Date: _____

Applicants Representative: _____

New Policy: YES NO Renewal of Policy Number: _____

Total number of Employees: _____

LIST ALL LOCATIONS WITH ANY EMPLOYEES - ZIP MUST BE INCLUDED

Only complete these columns for any location where 200 or more employees work

Location Address	City	State	Zip	# of Empl	# of Shifts	Floors Occupied	Stories
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Year Built	Construction Code (Use codes 1-6 above)	Has the building been retrofitted for earthquakes?
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Date

Applicant's Signature

Title

Print Applicant's Name

Location Address

City

State

Zip

**# of
Empl**

**# of
Shifts**

**Floors
Occupied**

Stories

Year Built

**Construction Code
(Use codes 1-6 above)**

**Has the building
been retrofitted for
earthquakes?**