



4621 West Napoleon Metairie, LA 70001
 504-883-8412 - phone 504-883-8413- fax

WORKERS' COMPENSATION EMPLOYEE CONCENTRATION QUESTIONNAIRE

NAMED INSURED: _____ **EFFECTIVE DATE:** _____ **NEW** _____ **RENEWAL** _____

NUMBER OF EMPLOYEES: Full Time _____ Part Time _____ Seasonal _____

<u>Location Address (not mailing address)</u>	<u>Hours of Operation</u>	<u># of Employees</u>	<u># of Stor-ies</u>	<u>Floors Occupied *</u>

* List actual floors occupied (example: 2nd, 3rd, 17th)

LOSS CONTROL AND SAFETY:

Risk Manager ___ Yes ___ No ___ Full Time ___ Part Time

Does the insured conduct periodic fire and emergency evacuation drills? ___ Yes ___ No

If yes, does the insured have a procedure in place to account for all employees? ___ Yes ___ No

MISCELLANEOUS:

Has the building been updated (example: electrical, sprinkler system): ___ Yes ___ No If yes, when: _____

The Insured represents that the information provided above is true and accurate and all material facts have been fully disclosed.

DATE: _____ **SIGNED BY:** _____ **TITLE:** _____ **Relationship to Insured:** _____