



WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Customer Name:		
<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal of Policy Number:	

Location	Surface Mining Ops.	Under-ground Ops.	Plant	Quarry	All Other Operations (incl. Office)	Employee Count			Is Shift Change Underground	Maximum # of Employees Underground at any One Time	
						Total	1st Shift	2nd Shift			3rd Shift
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Totals											

*Include all locations, including mine sites and office locations

Schedule of Locations					
Location	Street Address	City	County	State	Zip Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Completed By:	
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Date:	
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Nothing contained within this request for Census information should be construed as advice or recommendations to any entity or company in their hiring practices.