

ROCKWOOD CASUALTY INSURANCE COMPANY

WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

(THIS MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH EVERY WORKERS COMPENSATION SUBMISSION)

Location Corporate, Business or Individual Name	Federal Tax ID Number	Total	# Empl. Per Shift			Max
	Address:		1 st	2 nd	3 rd	
T/A Name	Address (if different than above)					

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