

# ROCKWOOD CASUALTY INSURANCE COMPANY

Gateway/Pennsy Underwriters Inc.

## WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

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

<b>Location 1</b> Corporate, Business or Individual Name	Federal Tax ID Number	Class Code	# Empl. Per Shift			Payroll
	Address:		1	2	3	
T/A Name	Address (if different than above)					

<b>Location 2</b> Corporate, Business or Individual Name	Federal Tax ID Number	Class Code	# Empl. Per Shift			Payroll
	Address:		1	2	3	
T/A Name	Address (if different than above)					

<b>Location 3</b> Corporate, Business or Individual Name	Federal Tax ID Number	Class Code	# Empl. Per Shift			Payroll
	Address:		1	2	3	
T/A Name	Address (if different than above)					

<b>Location 4</b> Corporate, Business or Individual Name	Federal Tax ID Number	Class Code	# Empl. Per Shift			Payroll
	Address:		1	2	3	
T/A Name	Address (if different than above)					