

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)

Location 1 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)					

Location 2 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)					

Location 3 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)					

Location 4 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)					