

Declaration form



Excess of Loss Reinsurance Employee Accumulation Declaration

Name of Insured

Period of Insurance from

to

COMPLETE ONLY FOR THOSE STATES IN WHICH YOU HOLD A SELF-INSURED LICENCE.

Please provide information below for all sites where 150 or more employees may be present on site at any one time.

Location – Street Address	Business Activity	No. of employees on site at any one time

Please attach a separate sheet if additional room is required.

DECLARATION OF INSURED

The above information is correct at the time of submission.

Signature

Date

Name (please print)