SKYWARD SPECIALTY INSURANCE | Industry Solutions

Employee Census Data

*Indicate seperately your years experience underground, surface or trucking. If none of these apply, list your years experience in given job under other.

Company Name:

Date: C9Lb#

Employee Name	Job Description	Smoker? Y/N? If yes, # of years	Date of Birth	Spouse Date of Birth	# of Depend-ents	* # of Years Under-ground	* # of Years Surface	* # of Years Trucking	* # of Years Other	

Applicants signature:
(Must be an Officer, Owner or Partner)

Date:

Agents signature:

Date:

The policyholder/insured understands that it is required to report to Skyward any changes to the employee census as a result of hirings, terminations or resignations within 60 days of the change. Such changes will result in a review and, possibly a re-rating, of the policy, which will be communicated to the policyholder/insured within 30 days of such notice. Changes must be reported in writing to us.