Primary Employer's Business Name/Insured	Federal Tax ID No.	Current Policy No.	DWC Use Only (Microfilm)
LOCATIONS OF EMPLOYERS' BUSINESS(ES)			
Please Type	□ DWC FORM-5	DWC FORM-20	
Please list additional locations, subsidiaries, and/or separate entities of the primary employer for attachment to forms DWC			

FORM-5, DWC FORM-20 and DWC FORM-20A. If filing this form with a DWC FORM-20A, indicate if the listed location is an

addition or deletion to the existing policy. Check One: ADD Name _____ DELETE Effective Date Address——— _____ State _____Zip ____ Federal Tax ID Number — Check One: ADD **DELETE** Name _____ Effective Date_____ Address _______ Federal Tax ID Number _____ City ______ State _____ Zip_____ Check One: ADD **DELETE** Name — Effective Date——— Address-_____ State _____Zip ____ Federal Tax ID Number — Check One: ADD DELETE Name _____ Address _____ Effective Date City ______ State _____ Zip_____ Federal Tax ID Number _____ Check One: ADD Name ____ DELETE Address _____ Effective Date City State Zip Federal Tax ID Number ——— Check One: ADD Name _ DELETE Effective Date _____ Address— Federal Tax ID Number — Name ___ Check One: ADD **DELETE** Effective Date_ Address City ______ State _____ Zip_____ Federal Tax ID Number _____

