

Primary Employer's Business Name/Insured	Federal Tax ID No.	Current Policy No.	DWC Use Only (Microfilm)
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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.

Name _____	Check One:	ADD	DELETE
Address _____	Effective Date _____		
City _____ State _____ Zip _____	Federal Tax ID Number _____		

Name _____	Check One:	ADD	DELETE
Address _____	Effective Date _____		
City _____ State _____ Zip _____	Federal Tax ID Number _____		

Name _____	Check One:	ADD	DELETE
Address _____	Effective Date _____		
City _____ State _____ Zip _____	Federal Tax ID Number _____		

Name _____	Check One:	ADD	DELETE
Address _____	Effective Date _____		
City _____ State _____ Zip _____	Federal Tax ID Number _____		

Name _____	Check One:	ADD	DELETE
Address _____	Effective Date _____		
City _____ State _____ Zip _____	Federal Tax ID Number _____		

Name _____	Check One:	ADD	DELETE
Address _____	Effective Date _____		
City _____ State _____ Zip _____	Federal Tax ID Number _____		

Name _____	Check One:	ADD	DELETE
Address _____	Effective Date _____		
City _____ State _____ Zip _____	Federal Tax ID Number _____		

