



Section I - General information

BWC Use Only	
Risk number	
Effective date	

1	Employer's name		
2	Trade name		
3	Office address	County	Telephone number
4	City, State, ZIP code	Federal I.D. number	
5	Check whichever entity applies and complete any appropriate information <input type="checkbox"/> Corporation Date of incorporation _____ State of _____ Charter Number _____ <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		

Section II - Operations - Only as they relate to coverage required under the Federal Longshoremen's and Harbor Workers' Act

6	Check type(s) of operation: <input type="checkbox"/> Stevedoring <input type="checkbox"/> Shipbuilding or repair <input type="checkbox"/> Boatbuilding or repair <input type="checkbox"/> Construction <input type="checkbox"/> Marina					
7	Location of operation in Ohio	Name of operation	Number of employees prior eight months	MIF payroll prior eight months	Estimate employees next eight months	Estimated MIF only payroll next eight months
Briefly describe your methods of operation.						

Section III - Owners/Partners/Officers

Note: • Corporations or associates: In the area below enter the required information for all officers. • Partnerships or individuals: In the area below enter the required information for partners or owners.				
8	Name	Title	Duties	Amount of payroll reported in Section II
9	Name of parent, subsidiary or affiliated companies (attach additional sheet if necessary)			Relationship
	Name			Relationship

