Midwest Employers Casualty Company

Florida Supplemental Application

I. Name of applicant: _____

II. Are there other named insured's that need to be listed on the policy? ☐ Yes ☐ No

If "yes" please provide information below for each Florida entity:

Name	Federal ID Number	Street Address	City / State	Zip Code

III. Are there volunteer workers to be covered on the policy? ☐ Yes ☐ No

Class Code	Class Code Description	Description of Work Performed

Date _____ Applicant's Signature _____ Title _____

Print Applicant's Name _____ Print Applicant's Title _____