

NOTICE OF COVERAGE
TO THE DEPARTMENT OF LABOR
DIVISION 649 MONROE STREET SUITE 3816
MONTGOMERY, AL 36131

STATE UNEMPLOYMENT COMPENSATION TAX NUMBER_____

FEDERAL ID NUMBER_____

CORPORATION/LLC_____

DOING BUSINESS AS_____

ADDRESS_____

ADDITIONAL LOCATIONS COVERED_____

NATURE OF BUSINESS_____ NAICS_____

EFFECTIVE DATE OF POLICY_____ EXPIRATION DATE_____

POLICY NUMBER_____

INSURANCE CARRIER_____

NCCI CODE_____