

9. **ITEM 9 MUST BE COMPLETED IN ITS ENTIRETY.** Use the enclosed instruction sheet for Item 9 to complete Columns 1-5, refer questions to LMI at 334-242-8873. **Please Be Specific.** List **each** location and type of operation or activity separately. (Attach additional sheets if necessary.)

Column 1	Column 2	Column 3	Column 4	Column 5
Name and location – Each unit in Alabama. Enter “Statewide” if no permanent Location	Alabama County	Employee Count Per Unit	Indicate specific type of activity in detail See Instructions Sheet For Assistance	Enter Percentage
				%
				%
				%
				%

9a. Is the above work site primarily engaged in performing support or services for other work sites of the company? **YES** **NO**
 9b. To whom are most of your products sold? **GENERAL PUBLIC** **CONSTRUCTION CONTRACTORS** **RETAILERS**
WHOLESALEERS **OTHERS** (Specify): _____

10. Form of Organization: **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **ASSOCIATION**
ESTATE OR TRUST **LLC (see 10a.)** **NON-PROFIT ORGANIZATION (see 10b.)** **OR OTHER**
 (Specify): _____

10a. Indicate tax filing status with IRS (include all members and their social security numbers or Federal identification numbers in Item 11):

CORPORATION **PARTNERSHIP** **SOLE PROPRIETOR** **DISREGARDED ENTITY**

10b. Is the organization exempt under 501 (c)(3) of the IRS Code? **YES** **NO** (If yes, submit a copy of the 501(c)(3) letter of exemption.)

11. For positive identification, list below the full name(s), social security number(s), and title(s) of individual owner, partners or officers.

Name	Social Security Number	Title

12. If not otherwise subject, do you wish to voluntarily elect coverage under the Alabama Law? **YES** **NO**

13. **Name and business location/physical address:**

 Name of Applicant, Employer, Corporation, Partnership, Trust, etc.

 Trade Name or Division (if different from above)

 Physical Address

 City County State Zip

 Area Code - Telephone Area Code - Facsimile

 Contact Person Email Address

13a. **Tax Preparer/CPA/Accountant:**

 Name of Tax Preparer/CPA/Accountant

 Trade Name or Division (if different from above)

 Address

 City County State Zip

 Area Code - Telephone Area Code - Facsimile

 Contact Person Email Address

I certify the information provided on this application is true and correct to be best of my knowledge.

14. Business Name: _____ Signature: _____ Date: _____

NOTE: IF CPA, TAX PREPARER, ETC., IS ONLY SIGNATURE, PLEASE ENCLOSE POWER OF ATTORNEY.