

EXCESS OF LOSS REINSURANCE EMPLOYEE ACCUMULATION DECLARATION



Liberty
Specialty Markets

Name of Insured

Period of Insurance

from

to

COMPLETE ONLY FOR THOSE STATES IN WHICH YOU HOLD A SELF-INSURED LICENCE.

Please provide information below for all sites where 150 or more employees may be present on site **at any one time**.

Location – Street Address

Business Activity

**No. of employees on
site at any one time**

Please attach a separate sheet if additional room is required.

DECLARATION OF INSURED

The above information is correct at the time of submission.

Signature

Date

Name (please print)