



POLICYHOLDER AUDIT REPORT

Insured Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Policy Number: (i.e. xxxx-1A234567) _____
Policy Term: _____

FAX (800) 879-0892
Customer Service (800) 842-4271

1. TELL US ABOUT YOUR BUSINESS

Please provide a detailed description of your business operations (e.g. work performed; product manufactured; services provided) including any new operations added during this term.

2. TELL US ABOUT YOUR COMPANY STRUCTURE

(Circle One) Individual Partnership Corporation Limited Liability Co.

List Sole Proprietor, Partner(s), or Corporate Officer(s) along with their duties, number of weeks employed during the policy term, and their earnings/draws/profits. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Please give more detail than simply "administrative" or "managerial" duties.

Title	Name	Specific Duties	# of Weeks Employed	Actual Earnings	Company Use Only

Gross Payroll means the total amount paid during the policy term for all full time and part time employees, including personnel no longer employed, prior to any deductions.

Do you have any employees? If you check "No", no additional information is required to complete this section.

Yes ☐ No ☐

3. TELL US ABOUT YOUR EMPLOYEES - DO NOT INCLUDE INDIVIDUALS LISTED IN SECTION 2.

Please complete the worksheet below. If you have more than fifteen (15) employees you may copy this page and include it with the completed form or attach copies of the Quarterly State Wage Unemployment Reports for the period covered with a notation next to each individual to identify the work performed by each individual.

Employee Name	Description of Work Performed	Gross Wages (Incl. Overtime)	Overtime		Company Use Only
			Time & One Half	Double Time	
Example: Mary Johnson	Receptionist, filing, phones	\$24,250			
Example: Mark Brown	Plumber installation	\$34,219	\$2,180		

TELL US ABOUT YOUR NON-EMPLOYEE LABOR

Did you use anyone other than an employee to perform work, or a portion of a job, on your behalf? If you check "No", no additional information is required to complete this section.

Yes ☐ No ☐

ATTACH COPIES OF ALL CERTIFICATES OF INSURANCE PROVIDED BY YOUR CONTRACTORS COVERING THE DATES WORKED.

If the amounts paid to the contractor included the cost of materials provided by the contractor – please attach copies of the invoices.
If yes, please complete the worksheet below.

Name	Type Of Work Performed	Dates Worked (From To)	Total Amount Paid	Cost Of Materials Supplied By Sub	Did Sub Hire Help		Company Use Only
					Yes	No	
(Example) Lagana Contracting	Roofing work	1/1 - 3/2	\$8,250	None	Yes		

SEND US YOUR SUPPORTING DOCUMENTATION

In order to complete this report we need the following forms pertaining to the policy period:

- the last four(4) Federal Employer's Quarterly Tax Forms (Form 941) or State Unemployment Wage Reports for all states covered on this policy.
- If you are sending Form 1120 or 1065, please also include Form 1125-A

Note: If your quarterly tax returns don't line up with your policy term, simply provide your last four filed quarterly reports.

If you do not file the forms listed above, please attach:

- for Sole Proprietor, Profit or Loss From Business (Form 1040) Schedule C pages 1 and 2
- for Partnership, U.S. Partnership Return of Income (Form 1065) pages 1 and 2
- for Corporation, U.S. Corporation Income Tax Return (Form 1120) pages 1 and 2

PLEASE SIGN YOUR REPORT

Thank you for taking the time to complete this report. Please fill in the information below and return your report to the office listed on Page 1.

Authorized Representative (Please Sign)

Title

Date

Authorized Representative (Please Print)

()

Area Code and Phone Number

Email Address (Please Print)

()

Fax - Area Code and Phone Number

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