



SELF-REPORTING QUESTIONNAIRE

AGENT #: _____

AUDIT REVISION

POLICY NUMBERS: WC _____

LIABILITY _____

INSURED _____

| | | |
|------------------|---------------------|---|
| POLICY NUMBER(S) | POLICY PERIOD TO | FEDERAL I.D. NO. OR SOCIAL SECURITY NO. |
|------------------|---------------------|---|

TYPE OF BUSINESS:
 INDIVIDUAL PARTNERSHIP CORPORATION NON-PROFIT CORP. GOV'T. ENTITY LLC OTHER _____

DESCRIBE YOUR BUSINESS OPERATIONS: _____

| OFFICE USE ONLY | State | LOC | WC Code | Liab. Code | Classification Summary | # Em- ployees | WC Exposure | GL Exposure |
|-----------------|-------|-----|---------|------------|------------------------|---------------|-------------|-------------|
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OWNER/PARTNER/OFFICER DATA

| Name | Title | Excluded | | Describe Duties* * Do not use words such as oversees business, administrative, or owner | Gross yearly payroll incl. OT, bonuses or commissions | Total # weeks worked | State worked in |
|------|-------|----------|---|---|---|----------------------|-----------------|
| | | Y | N | | | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |

- Note 1:** If household or farm employee, indicate "Full or Part Time."
Note 2: If overtime is other than time and one-half, please indicate. _____
Note 3: Do you have a 401K, Flexible Benefits Plan or Salary Reduction Plan for employees? YES NO
 If "yes," the Employee Contribution must be included in the Gross Payroll.
Note 4: Have you done any government jobs? YES NO If "yes," employees covered under their insurance? _____

EMPLOYEE PAYROLL

*(If casual labor or subcontractors were employed, complete the Independent Contractor Section.)

| NAME | Describe Employee's Duties Completely* | Gross yearly payroll including overtime, bonuses or commissions earned (See Note 3) | Amount of overtime wages included in gross yearly payroll | Total # weeks worked | State worked in |
|------|--|---|---|----------------------|-----------------|
| | * Do not use words such as oversees business, administrative, or owner | | | | |
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Gross wages reported on last four quarters (Federal 941s or State Unemployment Reports): Total (4) Quarters: \$ _____

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 1st quarter: \$ _____ | 2nd quarter: \$ _____ | 3rd quarter: \$ _____ | 4th quarter: \$ _____ |
|-----------------------|-----------------------|-----------------------|-----------------------|

Total amount of reported tips paid to employees: \$ _____ Are tips included in payroll above? YES NO

INDEPENDENT CONTRACTORS — CASUAL LABOR

(Please indicate Yes No)

Important: Please enclose copies of available Certificates of Insurance* obtained from contractors or subcontractors. They should show evidence that they had Workers' Compensation and/or General Liability Insurance coverage for the entire period work was in progress.

***CERTIFICATES MUST BE SUBMITTED WITH AUDIT**

| Name of contractor | Type of work performed | Paid by | | Cost of labor only | Total paid labor/ materials | State worked in |
|--------------------|------------------------|---------|-----|--------------------|-----------------------------|-----------------|
| | | JOB | HR. | | | |
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SALES:*** For Liability Policies Only**

Please provide the total sales/receipts for each service or product you provide. List each type separately.
(Do not include sales tax which is collected as a separate item and remitted directly to the government.)

| Description | Total sales | State worked in |
|-------------|-------------|-----------------|
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Thank you for your cooperation in completing this questionnaire. Please return this information to our office **within 15 days** so we may promptly and accurately compute the premium adjustment to your policy.

Signature _____ Print Name _____

Title _____ Telephone _____

Date _____