

Mail Audit Report

REPORT DUE BEFORE:

Policy Number:	Policy Period:	Audit Period:
Insurer Name:		Audit Number:

Insured:

Return To:

FAX: 775-886-1841
EMAIL: Audit@employers.com

Attn: Premium Audit Department
EMPLOYERS
P.O. Box 539125
Henderson, NV 89053-9125

Dear Policyholder:

Your worker's compensation policy premium was based on estimated payrolls, including any subsequent interim audit reports provided during the year. It is now time to do a final audit and determine the gross wages and final premium for your policy over the past year. Please complete this form and return it to us. If you require assistance in completing this form, please contact us at 800-677-3252. Thank you in advance for your cooperation.

Description of Operations:

Please provide a detailed description of your business including employees' duties and tools used.

Gross Wages

Please provide the total gross wages paid during the policy period attributable to each job classifications listed below, including overtime and tips. Gross wages include salaries, cash, wages, commissions, bonuses, vacation pay, sick pay, etc. before any deductions are made. Please DO NOT include gross wages for Officers, etc. who are itemized under the Officers/Members/Owners section.

State	Class Code	Total Gross Wages	Overtime Included in Total Gross	Tips Included in Total Gross
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

If you have any employees that you do not think fit into the above, please indicate their gross wages and job duties:

If you paid any subcontractors or paid cash for work performed, please indicate amounts paid: \$ _____

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Officers/Ownership

Separately list below the gross wages of Corporate Officers, Partners, Managing Members or Owners and residing relatives of a Sole Proprietor. **DO NOT** include these wages in the gross wages reported above.

Name	Title	% of Ownership	Residing Relative Circle Yes or No	Total Gross Wages
1. _____ Effective Date _____ Expiration Date _____ (If different from policy term)	_____	_____	YES NO	\$ _____
	Duties _____	Included for coverage?	YES NO	_____
2. _____ Effective Date _____ Expiration Date _____ (If different from policy term)	_____	_____	YES NO	\$ _____
	Duties _____	Included for coverage?	YES NO	_____
3. _____ Effective Date _____ Expiration Date _____ (If different from policy term)	_____	_____	YES NO	\$ _____
	Duties _____	Included for coverage?	YES NO	_____

General Information

- What type of legal entity are you? (Circle one): **Corporation, Individual, Partnership, LLC, LLP, Non Profit**
Other, Please Specify: _____
- Did you pay any severance pay? If yes, please provide amounts by individual. N/A NO YES: _____
- Did anyone travel outside of the country for business purposes? If yes, please explain or attach an additional sheet. N/A NO YES: _____
- Did ownership of your business change in any way this past year? If yes, please explain. N/A NO YES: _____
- Were there any changes in operations this past year? If yes, please explain. N/A NO YES: _____
- Did you furnish automobiles, food board or lodging to your employees?
If yes, please **state** amounts by employee and indicate monthly or yearly, and attach additional sheets as necessary. N/A NO YES: _____
- Did you lease any employees to or from others? If yes, please explain. N/A NO YES: _____
- Do you authorize EMPLOYERS to release a copy of this report to your agent? NO YES

Certification

I (we) certify that the information stated in this report is true, accurate and complete for the report period.

Signed _____ Print Name _____

Title _____ Date _____

Phone # _____ Email Address _____

Address _____

This report subject to verification by audit of your records by our Premium Audit Department.

Please Note: Results from this final audit may be used to update your current policy payroll estimates and classifications.