

Policy Number: [POLICY NUMBER]
Policy Period: to[NAMED INSURED]
[STREET ADDRESS]
[CITY, STATE, ZIP]**Return To:**
EMPLOYERS
Premium Audit Department
P.O. Box 539125
Henderson, NV 89053-9125
Fax: 818-956-3490
E-mail: auditinfo@employers.com

You can now complete your Premium Audit online.
Go to eaccess.employers.com to get started.

Dear Policyholder:

Thank you for choosing EMPLOYERS[®] for your workers' compensation insurance needs. Your estimated annual premium was based on the estimates you provided when the policy was issued. It is now time to complete a final premium audit for each Named Insured to determine the final premium based on your actual payroll, operations and job classifications over the policy period.

A review of payroll records is required to determine your final premium. Please complete this form for each Named Insured and return it to us by the above referenced response due date along with the following supporting documents for each Named Insured.

- Payroll summaries or similar reports for the policy period
- Quarterly State Unemployment or Payroll Tax Reports for the last four filed quarters
- Quarterly Federal Payroll Tax Reports (IRS Form 941) for the last four filed quarters

Upon review of your completed form and supporting documentation, a Premium Auditor may contact you if additional information is needed. If you require assistance completing this form or providing the supporting documentation, please refer to our Voluntary Audit form instructions or contact us at the telephone number listed below.

If your completed form and supporting documents are not received by the response due date, your account may be deemed non-compliant. Where permitted by law or your policy agreement, failure to cooperate with the final premium audit will result in the application of an audit non-compliance charge and cancellation of any in-force policy. For further explanation on how this may apply in your jurisdiction(s), please review your policy agreement and the enclosed document entitled *Jurisdiction-Specific Notices Related to Final Premium Audit*.

[FEDERAL EMPLOYER IDENTIFICATION NO.] [NAMED INSURED]

Please confirm that the above FEIN and insured name are correct. If it is incorrect, please reflect corrections above.

America's small business insurance specialist[®]

POLICY NUMBER: [POLICY NUMBER]

For the above Named Insured, please provide a detailed description below of your business operations including employees' duties, tools, and equipment used. If the business operations changed during the policy period, please indicate the changes in business operations (including the effective date of the change).

Please provide the total payroll paid during the policy period by the above Named Insured. Total payroll includes overtime, tips, cash, commissions, bonuses, vacation pay, sick pay, etc. before any deductions are made. The payroll should be separated by the applicable classification(s) listed below. The payroll of any one employee should not be divided between two or more classifications.

[LOCATION STATE]	TOTAL PAYROLL PAID (including overtime and tips)	TOTAL OVERTIME PAID	TOTAL TIPS PAID	AVERAGE # OF EMPLOYEES BY CLASS CODE
[STREET ADDRESS]	\$ _____	\$ _____	\$ _____	# _____
[CLASS CODE]				
[LOCATION STATE]	TOTAL PAYROLL PAID (including overtime and tips)	TOTAL OVERTIME PAID	TOTAL TIPS PAID	AVERAGE # OF EMPLOYEES BY CLASS CODE
[STREET ADDRESS]	\$ _____	\$ _____	\$ _____	# _____
[CLASS CODE]				
[LOCATION STATE]	TOTAL PAYROLL PAID (including overtime and tips)	TOTAL OVERTIME PAID	TOTAL TIPS PAID	AVERAGE # OF EMPLOYEES BY CLASS CODE
[STREET ADDRESS]	\$ _____	\$ _____	\$ _____	# _____
[CLASS CODE]				

Verify that each of the above location(s) is correctly associated with the named insured. Indicate any changes as needed to the locations of operations (additions/deletions) on a separate page and submit along with the completed form.

POLICY NUMBER: [POLICY NUMBER]

SUBCONTRACTORS

Complete the following for all workers not included in the above payroll figures as well as any cash labor or contract labor paid by the above named insured during the audit period. Please provide a copy of all certificates of workers' compensation you have for any of the listed below companies/individuals.

Name of Company/Individual Paid	Description of services provided	Date(s) work/services provided	Amount paid for services/work

POLICY NUMBER: [POLICY NUMBER]

OFFICERS/PARTNERS/MEMBERS/OWNERS

Please verify the following information and provide the job title and payroll for each officer/partner/member/owner listed below. Inclusion or exclusion for coverage will be in accordance with your policy's terms and conditions. If there is a conflict, state law will prevail.

Job Title & Duties		Payroll	Is the reflected wages included above? (Y/N)
_____	_____ % _____	\$ _____	Yes
Name _____	Title _____		
_____	_____ % _____	\$ _____	Yes
Name _____	Title _____		
_____	_____ % _____	\$ _____	Yes
Name _____	Title _____		
_____	_____ % _____	\$ _____	Yes
Name _____	Title _____		

1. If the above ownership information changed, please provide the date the change occurred along with the names of the new owners, applicable title for the new owners, and percentage of ownership on a separate page.
2. Does anyone travel outside the country for business purposes? Yes No
3. Do you authorize EMPLOYERS to release a copy of this report to your agent? Yes No

Please note that this report is subject to verification by our Premium Audit Department. Results from the final premium audit may be used to update your current policy payroll estimates and classifications.

I (we) certify that the information stated in this report is true, accurate, and complete for the policy period.	
Signed _____	Print Name _____
Title _____	Date _____
E-mail Address _____	Telephone _____
Web Page Address _____	

POLICY NUMBER: [POLICY NUMBER]

Jurisdiction-Specific Notices Related to Final Premium Audit

Notification of Intent Regarding the Application of Audit Noncompliance Charges and Cancellation of In-Force Policies

Please note that your account will be deemed non-compliant if the requested documents are not received by the due date. Where permitted by state law or your policy agreement, we will cancel any in-force policy and apply an Audit Noncompliant Charge as follows:

Alabama, Alaska, Arkansas, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Mississippi, North Carolina, Nebraska, New Hampshire, New Jersey, New Mexico, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin and West Virginia

An audit noncompliance charge in the amount two times the Estimated Annual Premium as shown on your policy will be applied. We will also cancel your in-force policy when permitted by state law or your policy agreement.

California:

California Insurance Code §11760.1 imposes liability on policyholders for a final premium equal to three times the Estimated Annual Premium should the policyholder fail to provide access to records to complete a final premium audit. We will levy this statutory premium upon non-cooperating policyholders. We will also cancel your in-force policy as permitted by state law or your policy agreement.

Montana and Nevada:

An audit noncompliance charge equal to the Estimated Annual Premium as shown on your policy will be applied. We will also cancel your in-force policy when permitted by state law or your policy agreement.

Anti-Fraud Notice

We are required to provide the following fraud warning to policyholders in Utah:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.