

Dear Policyholder:

A premium audit on your Workers Compensation policy is now due. When your policy was issued, the premium was calculated based on estimated exposure. It is now necessary that we assess your records and if required, conduct a phone interview to determine the actual premium exposure on the following:

Insured Name:
Insurance Carrier:
Policy Number:
Policy Period:

Phone: **888-500-3344, ext 1506**
Email: **CAPhoneAudit@firstcomp.com**
Fax: **888-281-5153**

- **Please complete and return these worksheets and submit copies of your corresponding 941 or DE6 quarterly reports via email or fax within fourteen (14) business days from the date of this letter. If you require assistance with completing the worksheets, please contact us and have your payroll records available.**

If additional information is required, the Premium Specialist handling this audit will be contacting you via phone to review the information you had previously provided and will then conduct a phone interview.

Thank you in advance,

Premium Specialist

Section 1 – Principals/Ownership

Name	Included for coverage? (Y/N)	Title	Payroll	Duties

** Please note any changes to the corporate officers, or the entity type and the date on which it occurred.

Section 2 –Description of Operations: Please provide a detailed description of your business including employees' duties and tools used.

Section 3 – Total Wages – Employees by Classification

Please review your payroll ledger and state your total gross payroll for your employee(s) excluding officer payroll provided in Section 1 during the audit period (This figure includes vacation, overtime, bonuses, tips and commissions) below:

\$ _____

Of that number, how much is overtime:

\$ _____

If applicable, provide total tips amount:

\$ _____

If applicable, list total amounts paid to subcontractors or independent contractors:

Uninsured \$ _____

Insured (Work Comp) \$ _____

Total amount paid to cash, casual, temporary laborers:

\$ _____

Please breakdown your Gross payroll grouped by the duties of the employees.
 (Example of duties: Painter, Outside Sales, Bookkeeper, Servicewriter, Masonry)

Description of Employee Duties	Total Gross Wages	Total Overtime

If you have a current policy with us...Would you like the estimates on your current policy to reflect the audited payroll you have provided above? YES or NO

Do your operations contain any of the following?

Y	N	Working in another state other than California
Y	N	Long-haul trucking or delivery exposure (over 200 miles)
Y	N	Roof work
Y	N	Wrecking or demolition
Y	N	Over 75% commercial work
Y	N	Height exposure over 20 feet
Y	N	Trench digging more than 3 feet
Y	N	Above or below ground concrete work
Y	N	Tree trimming from off the ground
Y	N	Cash, casual or temporary labor
Y	N	24 hour operations
Y	N	Street or road construction
Y	N	Roadside assistance
Y	N	Solar panel installation
Y	N	Are you an employee leasing company?

If you have marked YES to any of the above operations, please explain:

Audit Signature Form:

Insured Name:

Policy Number:

I _____ (please print) certify that as an authorized representative of the above named insured, that the information provided for the purposes of this worker's compensation audit is complete and accurate, to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

Phone Number: _____ E-Mail: _____