

Premium Audit ISG Platform Tutorial



A NOTE FROM ISG President, Brian Thornton

State Farm has partnered with Insurance Services Group of the Southeast, Inc. (ISG) to perform a premium adjustment audit, which will aid in determining the proper premium amount for your recently expired business policy. We are requesting that this information be provided through our secure online portal. Our goal is to make this process a smooth and easy one for you, and our staff is available to assist with any questions or issues you may have along the way. Our support staff can be reached using the contact information at the bottom of the notification letter.

The following documentation will walk through the process step-by-step.

We look forward to working with you!



01 Online Audit Login



Pin Number:

Pass Code:

The premium audit notification will direct you to access ISG's secure portal at www.isg-webaudits.com. The notification will include a pin and passcode, unique to each policyholder, which will be entered to begin the process.

02 Welcome Screen

Upon logging in, the screen will show "Business Info" identifying policy information, a navigation bar with the steps to complete the review, and a session timer at the top right, which represents the time remaining before saving progress or advancing to the next step. Each time a section is completed, it will save progress through the section completed.

****Note – Throughout the screens as progress is made, the current section will show in blue, and completed sections will turn to green, updating the progress bar along the way.**

03 Contact / Insured Information

The initial tab will require input of contact name, phone number and e-mail address for the individual completing the request.

The next tab within the Business Info section is Insured Information. This section will pre-populate with any information ISG has on file for the insured. This section can be edited if there are changes. If no changes are needed, you can advance to the next tab.

04 Business Information / Description of Operations

Welcome, Sample Insured, Inc.!

6m 45s

Dashboard

Completion Progress: Insurance Carrier: State Farm Insurance Company Policy #: SF-949000 Policy Type: Workers Compensation Audit Period: 7/1/2022 to 7/1/2023

Business Info Payroll Subcontractors Misc Upload Docs Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

Contact Information Insured Information Description of Operations Locations

Description of Operations

Section Information:

In this section, please provide a detailed description of your business operations.

You may also enter additional notes to the auditor in this section.

The next tab in the Business Info section is the Description of operations. Please provide a detailed description of your business operations in this section.

05 Locations

Welcome, Sample Insured, Inc.!

3m 30s

Dashboard

Completion Progress: Insurance Carrier: State Farm Insurance Company Policy #: SF-949000 Policy Type: Workers Compensation Audit Period: 7/1/2022 to 7/1/2023

Business Info Payroll Subcontractors Misc Upload Docs Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

Contact Information Insured Information Description of Operations Locations

Business Locations

Section Information:

In this section, please verify all business locations. Please add, edit or delete locations in the below grid to reflect the business locations that were active during the policy period.

Add

Location	State	Delete	Edit
St. Petersburg	FL	Delete	Edit

The last tab in the Business Info section is the Locations tab. This section will pre-populate with the locations provided to ISG by State Farm. Changes can be made to this section if locations need to be added or deleted.

Once verified, you will advance to the next section.

06 Payroll Section - Principal Payroll Information

Welcome, Sample Insured, Inc.!

17m 32s

Dashboard

Completion Progress: Insurance Carrier: State Farm Insurance Company Policy #: SF-949000 Policy Type: Workers Compensation Audit Period: 7/1/2022 to 7/1/2023

Business Info Payroll Subcontractors Misc Upload Docs Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

Principal Payroll Information Employee Payroll Information Verification

Principal Payroll Officers Section

Section Information:

In this section, please list all Officers/Members/Partners/Owners (both included and excluded officers) separately, filling out all columns in the grid below. This will include applicable title: President, Vice President, Secretary, Treasurer, Member, Partner or Owner, as well as the name, class code description, exact duties, days active, gross payroll(rounded to nearest dollar with no decimal points or commas), if the person was active in the business during the policy period and percentage of ownership.

Note: The days active will only be less than the policy period if someone became an officer or left the company during the policy period.

If you need to add or remove a location please [Click here](#).

	Title	Name	Code Description	Exact Duties	Gross Payroll	Included	Days Active	% Owner
1								
2								
3								
4								
5								
6								
7								
8								

In this section, please list all Officers/Members/Partners/Owners (both included and excluded officers) separately, filling out all columns in the grid. This will include applicable title: President, Vice President, Secretary, Treasurer, Member, Partner or Owner, as well as the name, class code description, exact duties, days active, gross payroll(rounded to nearest dollar with no decimal points or commas), if the person was active in the business during the policy period and their percentage of ownership.

Note: The days active will only be less than the policy period if someone became an officer or left the company during the policy period.

07 Payroll Section - Employee Payroll Information

Section Information:
In this section, please list gross payroll figures (rounded to nearest dollar with no decimal points or commas) for employees that had wages during the policy term for your company. Gross Payroll should include bonuses and commissions.
Note: If you have more than 10 employees, please summarize the payroll by job function in lieu of listing employees individually.

If you need to add or remove a location please [Click here](#).

Yes No Do you have overtime payroll?
 Yes No Do you have double time payroll?
 Yes No Do you have tips payroll?
 Yes No Do you have severance payroll?

	Name	Code Description	Exact Dates	Gross Payroll	Overtime	Doubletime	Tips	Severance Pay
1								
2								
3								
4								
5								
6								
7								
8								

In this section, please list gross payroll figures (rounded to nearest dollar with no decimal points or commas) for employees that had wages during the policy term for your company. Gross Payroll should include all pay types, including overtime, bonuses and commissions. Separate columns are shown for overtime, doubletime, tips and severance pay, when applicable. The amounts listed here should be included in the gross payroll and the appropriate deductions will be made.

Note: If you have more than 10 employees, please summarize the payroll by job function in lieu of listing employees individually.

08 Verification

Section Information:
In this section, please fill in total wages from quarterly 941 line 5c or State Unemployment compensation reports for all columns listed below. For any off-quarter months, please indicate gross payroll for that month.

Please select one of the below documents you used as verification of your Payroll information.

Copies of all state quarterly unemployment reports that correspond to your policy period

Payroll: 150,000.00 Total

	Q3 '22	Q4 '22	Q1 '23	Q2 '23	Verification Total	Payroll Total	Difference
1	35000	35000	50000	30000	150000	150000	0

In this section, please fill in the total wages from Federal Quarterly 941 line 5c or State Unemployment Compensation reports for all columns listed. If your policy dates do not fall on the tax reporting quarters, it will be necessary to include gross pay for the months on both ends of your policy period to balance to the tax forms.

Use the provided drop-down box to select the records used to fill out the verification section.

09 Subcontractors

Section Information:
In this section, please list all INSURED subcontractors. Fill in the information below for each column including all data from each insured subcontractor's certificate of insurance.

	Business Name	Total Paid	Describe Work Performed	State of Insurance Work	Insurance Limits	Subcontractor's Insurance Company	Cert of Insurance Policy Number	Cert of Insurance Effective Date	Cert of Insurance Expired Date
1									
2									
3									
4									
5									
6									
7									
8									

In this section, please list all INSURED subcontractors. Fill in the information below for each column including all data from each subcontractor's certificate of insurance.

10 Uninsured Subcontractors

Welcome, Sample Insured, Inc.!

19m 31s Time remaining before your session will time out for inactivity. Please save to avoid the timer.

Dashboard

Completion Progress Insurance Carrier: State Farm Insurance Company
Policy #: SF-949000
Policy Type: Workers Compensation
Audit Period: 7/1/2022 to 7/1/2023

Business info Payroll Subcontractors Misc Upload Docs Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

Insured Subcontractors Uninsured Subcontractors

Uninsured Subcontractor Information Next >

Section Information:
In this section, please list all UNINSURED subcontractors or contract laborers (any individual or company that worked in your main business operation but was not on the payroll and did not have a certificate of insurance). Fill in the information below for each column and select the appropriate classification.

Business Name	Total Paid	Code Description	Describe Work Performed	State of Work	Labor	Materials	Equipment
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In this section, please list all UNINSURED subcontractors or contract laborers (any individual or company that worked in your main business operation but was not on the payroll and did not have a certificate of insurance). Fill in the information for each column and select the appropriate code description corresponding to the type or work performed.

11 Miscellaneous Section

Welcome, Sample Insured, Inc.!

26m 49s Time remaining before your session will time out for inactivity. Please save to avoid the timer.

Dashboard

Completion Progress Insurance Carrier: State Farm Insurance Company
Policy #: SF-949000
Policy Type: Workers Compensation
Audit Period: 7/1/2022 to 7/1/2023

Business info Payroll Subcontractors Misc Upload Docs Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

Miscellaneous Section Next >

No 1) Were there any changes in business operations during this policy period? If yes, please explain below.

No 2) Were there any new out of state operations during this period? If yes, please explain below.

No 3) Were there any new legal entities that began operations during this policy period? If yes, please explain below.

No 4) Was there a change in business or mailing address during the policy period? If so, please describe below.

No 5) I have questions or concerns and would like an auditor or representative to contact me to discuss. My question or concern is regarding the following:

The Miscellaneous section will contain questions requiring Yes/No answers. Any "Yes" answer will require an explanation in the box below the question.

12 Upload Documentation (if requested)

Welcome, Sample Insured, Inc. | 27m 35s | [View remaining before your account will time out for inactivity. Please save to avoid the loss.](#)

Dashboard

Completion Progress | Insurance Carrier: State Farm Insurance Company Policy #: SF-969000 | Policy Type: Workers Compensation Audit Period: 7/1/2022 to 7/1/2023

Business Info | Payroll | Subcontractors | Misc | **Upload Docs** | Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

Upload Documentation Next >

Section Information:

Below are the files that are required to be uploaded to complete your audit:

- Copies of all state quarterly unemployment reports that correspond to your policy period
- If that one reported, please attach a federal fact 1 (summary non-ans)
- Payroll Report showing gross payroll by employee
- Profit and Loss or Income Statement
- Listing of subcontractors used (if any) with summarized payments made to each
- Certificates of insurance for your subcontract labor that fall within your policy period

Uploading Files:

To upload supporting documentation, please click the "Upload files" button, and after the upload is complete, you will see the uploaded file appear in the spot below. Note: You may upload one file at a time (do not exceed a file size of 7MB, for a single file or a total of 12 files uploaded).

If your files exceed the listed file size limits or file total limits, please contact us to arrange for a secure upload link.

Acceptable file types include: PDF

Review any files already uploaded here. You may click to view or delete uploaded files.

Thumbnail	File Name	File Type

If the "Upload Documentation" tab is present, you are required to upload supporting documentation, following the prompts on the screen for the requested records and upload instructions and information.

13 Review and Submit Audit

Log Out | Save | Request A Time Extension | Agent Info | FAQ | Help

Policy Information

State Farm Insurance Company
Address: 10000 N. Meridian

Contact Information

Brian Thornton
bthornton@sf-se.com
727-936-9622

Business Information

Sample Insured, Inc.
Corporation
bthornton@sampleins.com
123 Main Street
Saint Petersburg, FL 33703

Description of Operations:
Sample description of operations

Policy Questions

Employee Payroll Information

Name	Class Code	Event Dates	Gross Payroll	Overtime	Disability	Tip	Pay
Joe Smith	2122	Residential	150,000	100	100	100	250

Principal Payroll Information

Title	Name	Class Code	Event Dates	Gross Payroll	Individual	Days Active	No. Hours
Comp. Position	Brian Thornton	3022	General Manager	22,000	Yes	212	212
Class Code	4000	4022	WORLDWIDE SERVICE	1000	0000	0000	0000

Total Payroll: 150,000

Payroll Verification

Q1-22	Q2-22	Q3-22	Q4-22	Verification Total
150,000	15,000	50,000	50,000	165,000

Verification Comments:
Verification agrees the payroll match with Payroll Report.
Copies of all state quarterly unemployment reports that correspond to your policy period were received through the mail.

Uploaded Supporting Documents

Documents:
FITR-041-Federal Quarterly Reports.pdf?

The final step is to review the information you have entered. Once you have confirmed the information provided is correct, click the green "Submit Audit" button to complete your audit.

You will receive email notification that your information has been received within 24-hours.

14 Toolbar - Help Option

Log Out | Save | Request A Time Extension | Agent Info | FAQ | Help

Help?

Need help completing your audit?

Call: 888-383-2966

Email: SFBOP@isg-se.com

Please enter your question or comments into the box below and a representative from ISG will respond.

Please allow up to 2 business days for a response.

The "Help" option shows ISG's State Farm customer service phone number and email address specific to your policy type, and State Farm policyholders will be assisted by ISG staff via these contact methods should they select the "Help" option from the toolbar. If a question is submitted via this section, the question will be routed to a representative that will assist within 2 business days.

15 Toolbar - Request An Extension

Request A Time Extension

Need more time to complete your Audit?

Please Read
If you need more time to complete your audit, please provide the reason below and click the "Extend Due Date" button.

The Current Audit Due Date reflects the original due date. The Extended Audit Due Date reflects your new due date.

Current Audit Due Date: 9/9/2023
Extended Audit Due Date: 10/9/2023

Please verify your email address
Email: bthomton@isg-se.com

Please verify your Name
Contact: Brian Thomton

Please fill in a reason you need more time to complete your audit

Requesting a time extension on the due date is a one-time option and will automatically extend for 30-days, should you need additional time for any reason.

16 Toolbar - Agent Contact Information

Agent Information

Sample Agent
Good Neighbor Agency
Address: 321 Beach Drive
City: Saint Petersburg
State: FL
Zip: 33703
Phone: 727-500-6000
Email: Sample@GNagency.com

Agency information can be accessed and will reflect the information as provided to ISG with the premium audit order.

Thank you for your cooperation in completing your Premium Audit!

