

AUDIT WORKSHEET

POLICYHOLDER NAME	FEDERAL ID #	ENTITY TYPE (Corp, Partnership, Etc.)
ADDITIONAL ENTITIES	Control Number (Found on the audit notice)	
POLICY NUMBER	POLICY PERIOD	

CONTACT INFORMATION

YOUR NAME	
YOUR TITLE	YOUR BUSINESS PHONE NUMBER
BUSINESS EMAIL ADDRESS	BUSINESS WEBSITE ADDRESS (IF ANY)

DESCRIBE THE NATURE OF YOUR BUSINESS (If construction, describe the types of projects)

LIST THE TOTALS FROM THE 4 STATE OR FEDERAL UNEMPLOYMENT RETURNS (SUR'S OR 941'S) THAT MOST CLOSELY CORRESPOND TO YOUR POLICY PERIOD

QUARTER END DATE _____	GROSS PAYROLL _____	
QUARTER END DATE _____	GROSS PAYROLL _____	TOTAL PAYROLL _____
QUARTER END DATE _____	GROSS PAYROLL _____	
QUARTER END DATE _____	GROSS PAYROLL _____	

LIST ALL OFFICERS/PARTNERS/MEMBERS/OWNERS AND PROVIDE GROSS PAYROLL PAID TO THEM DURING THE POLICY PERIOD

NAME	TITLE	% OF OWNERSHIP	GROSS PAYROLL	JOB DUTIES

The payroll for those that are exempt from coverage or apply the appropriate payroll limitations for those included in coverage will be excluded.

% of Ownership - Specify the percentage of ownership of each person listed.

Gross Payroll - Includes wages/salary, commissions, bonuses, overtime wages, Sec.125 cafeteria plan wages, 401k, and holiday/vacation/sick pay.

Job Duties - List key responsibilities and day to day activities performed.

PROVIDE GROSS PAYROLL PAID DURING THE POLICY PERIOD TO ALL EMPLOYEES (If more than 9 employees, please attach a separate page)

EMPLOYEE NAME	GROSS PAYROLL	OVERTIME	JOB DUTIES	FULL or PART TIME?

Employee Name – Please list the full first and last name of each employee paid during the audit period, regardless of whether they are currently employed.

Payroll – Includes wages/salary, commissions, bonuses, overtime wages, Sec. 125 cafeteria plan wages, 401k, and holiday/vacation/sick pay.

Overtime – This includes the total amount of overtime paid during the audit period.

Job Duties – List key responsibilities and day to day activities performed.

Full or Part Time – If working more than 30 hours per week, show “FT”. If less, show “PT”.

WERE ANY PAYMENTS MADE TO CONTRACT LABOR/SUBCONTRACTORS? YES NO

**IF YES, PROVIDE PAYMENTS MADE AND ATTACH CERTIFICATES OF INSURANCE (IF APPLICABLE).
IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE LIST.**

NAME	CLASS CODE	INSURED (Y/N)	AMOUNT PAID	WORK PERFORMED

Class Code – Specify the applicable classification code (if known).

Insured – Identify whether the contract labor/subcontractor had their own coverage (‘Y’ for Yes and ‘N’ for No).

Amount Paid – This is the total amount paid during the policy period.

Work Performed – Explain the services provided to support or determine the class code applied.

GENERAL QUESTIONS

YES NO Were there any changes in business entity type (Corporation to LLC, etc.) during this policy period? If yes, please explain below.

YES NO Was there a change in business or mailing address during the policy period? If yes, please provide the updated address below.

YES NO Was there a change in business name during the policy period? If yes, please provide the updated name below.

YES NO Was there a change in business location during the policy period? If yes, please provide the updated address below.

YES NO Was there a change in ownership during the policy period? If yes, please provide the updated ownership information below.

YES NO Was there a change in business operations during the policy period? If yes, please describe the change below.

YES NO I have questions or concerns and would like a representative to contact me to discuss. My question or concern is regarding the following:

RETURN AUDIT WORKSHEET TO ISG

By Mail: ISG-Premium Audit Department, PO Box 56119, St. Petersburg, FL 33732

By Email: SFAudit@isg-se.com

Thank you!