

WORKERS' COMPENSATION Premium Audit

NATIONAL Liability & Fire
a Berkshire Hathaway Insurance Company

A premium audit must be performed on all Workers' Compensation policies nearing expiration of the policy term or that have been cancelled to determine the actual cost of coverage. **Please complete and email (to premiumaudit@nlf-info.com) or fax (to 203-361-3846) both pages of this form as well as supporting documents.** Questions can be directed to our Customer Service Department at 1-844-549-2512 or csr@nlf-info.com.

1 Business Information

Policyholder Name: _____ Audit Due Date: _____

Policy #: _____ FEIN #: _____ Report Period: _____

Business Type: Corporation Limited Liability Company (LLC) Partnership Sole Proprietorship

Other: _____

If the information above has been auto-filled, is it correct? Yes No If no, please make any needed corrections.

Provide a detailed description of your business operations. Attach additional pages as necessary. _____

2 Audit Contact Information

Name: _____ Title: _____

Phone #: _____ Fax #: _____ Email Address: _____

3 Ownership Information (Sole proprietor, partners, corporate officers)

For Job Duties, "floor supervisor | carpentry work" is an acceptable answer, "owner | oversees business" is not. Attach additional pages as necessary.

Name/Title	Job Duties	Gross Wages*
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

*Gross wages represent the total paid to each person during the policy term before taxes and include commissions and bonuses.

4 Employee Information

Attach a payroll summary or additional pages as necessary.

Name/Title	Job Duties	Gross Wages & Overtime*	Overtime Wages
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

(continued)

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4 Employee Information (continued)

Name/Title	Job Duties	Gross Wages* & Overtime	Wages*
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

*Gross wages represent the total paid to each person during the policy term before taxes and include commissions and bonuses.

5 Subcontractor Information

Any individual/business that assists in providing a product or service to your customer but is NOT included in your tax returns as an employee (compensated by check or cash) is considered a subcontractor. A subcontractor may work for another organization or be independent.

Did you use subcontractors during the policy term? Yes No If yes, list below. Attach pages as necessary.

Name/Business Name	Job Duties	Total Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Include your most recently filed 1099 Forms, 1096 Form, and valid Certificates of Workers' Compensation insurance (if any).

6 Tax Documentation

For payroll verification purposes, I am including copies of: (1) IRS Form 941: Employer's Quarterly Federal Tax Returns and (2) State Unemployment Tax Forms from the most recent four quarters. If no employees have been indicated, I am including year-end business tax returns or a profit/loss statement for the policy period.

7 Certification

Any person who makes, or causes to be made, any knowingly false or fraudulent material statement or representation with the intent to defraud or deceive any insurance company regarding the proper calculation of premium, including (but not limited to) the amount of payroll or employee job duties or other facts relevant to the proper classification of payroll, commits a fraudulent insurance act, which is a crime and may subject such person to criminal or civil penalties.

I certify the information on this document to be complete and accurate.

Signature: _____ Date: _____