



Dear Policyholder:

An audit on your Workers' Compensation policy is now due. When your policy was issued, the premium was calculated based on estimated exposures. It is now necessary that we assess your records and if required conduct a phone interview to determine the actual premium exposure on the policy listed below. This audit must be completed regardless if your policy was cancelled or non-renewed.

Insured Name: _____

Insurance Carrier: _____

Policy Number: _____

Policy Period: _____

Phone: **888-500-3344**
Fax: **866-319-5248**
E-mail: phoneaudit@markelcorp.com
Mailing Address: PO Box 3009, Omaha, NE 68103

Please follow these steps to complete the audit:

Step 1: Prepare a payroll report that indicates gross payroll for each employee during the audit period (Example: QuickBooks Payroll Summary Report; ADP; PayChex Employee Earnings Summary; etc.) AND copies of your 941 Federal Quarterlies or State Unemployment Reports. Complete the included audit worksheets. Please include amounts paid to subcontractors, contracted labor, casual labor, etc. and any applicable Certificates of Insurance.

Step 2: Submit the audit worksheets, gross payroll report, 941s and amounts paid to subcontractors by faxing or emailing them to the above contacts. Please use this letter as your coversheet when returning your documentation. You may also mail them to PO Box 3009, Omaha NE, 68103 if you are unable to fax or email them.

Step 3: After we receive your documents, a member of the audit department will contact you to verify the job duties of the employees and confirm the general operations of the business, organization, etc.

Please complete and return the requested documentation within fourteen (14) days of receipt of this letter. If you require assistance in completing these forms or need an extended deadline, please contact us at 888-500-3344.

Please Note: Failure to complete this audit may result in a penalty being assessed on your policy.

These audit worksheets are designed to simplify the audit process by making it more convenient for you. In order to ensure that audit interview information is accurate, we must conduct the audit with a principal in your company who is familiar with all phases of the operation as well as the duties of the employees. If the payroll information must be obtained from your accountant's office or elsewhere, please forward this information to the appropriate person. Please be assured that all information will be kept confidential.

Sincerely,
Premium Audit Department



Section 1 – Insured/Policy Information

Insured Name: _____

Policy Number: _____

FEIN#: _____

Policy Period: _____

Audit Period: _____

Type of Entity: _____

Type of Audit: _____

Section 2 – Principals/Ownership

| Name | Percent Ownership | Title | Gross Payroll | Job Duties |
|------|-------------------|-------|---------------|------------|
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** Please note any changes to the corporate officers or the entity type and the date on which it occurred.

Section 3 –Description of Operations

1) Please provide a detailed description of your business including employee’s duties and tools used:

Driving Radius (if applicable): _____ miles

2) Construction Risks (if applicable)

Height Exposure: _____ feet

Depth Exposure: _____ feet

Residential Work: _____ %

Commercial Work: _____ %

Section 4 –Total Wages - Employees

Please review your payroll ledger and state your employee’s gross payroll during the audit period (this figure includes vacation, overtime, tips, bonuses, and commissions) below:

\$ _____

Please list total overtime paid to employees and indicate if overtime is paid at time and a half, or double time:

\$ _____ Time and a Half \$ _____ Double Time

If applicable list total amount of tips received by employees:

\$ _____



Policy Number:

Section 5 - Employees: Please list all employees and their duties; if you utilize an electronic payroll ledger such as QuickBooks or an electronic payroll service such as ADP please attach a payroll summary report for the appropriate date range. In the event that you do not utilize an electronic payroll ledger please indicate gross wages, gross overtime, tips (if applicable) and housing allowance (if applicable) in their respective columns below. In lieu of this page, you may attach a payroll report with employee job duties listed on the report by each employee's name. In the event that you have greater than 20 employees please prepare a summary of employee's wages by duties.

| Name | Job Duties | Total Gross Wages | Gross OT | Tips | Housing Allowance |
|------|------------|-------------------|----------|------|-------------------|
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Section 6 - Sub-contractors or 1099 Contract Labor: If contract or sub-contract labor was utilized please provide amounts paid to these individuals, the type of work performed, dates of service, labor and materials costs if applicable, and if applicable the policy number and period. Please remember to attach Workers' Compensation Certificates of Insurance for all insured sub-contractors.

| Name | Work Performed and Dates of Service | Amount Paid | Labor Costs | Materials | Insured | Policy Number and Period |
|------|-------------------------------------|-------------|-------------|-----------|---------|--------------------------|
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| Please indicate if your operations include any of the following: | | |
|--|----|--|
| Yes | No | Select the Yes or No button for each |
| | | Aircraft flight or ground operations of any kind. |
| | | Amusement parks or devices, exhibitions (including fireworks), carnivals or circuses, sports events and/or participants. |
| | | Asbestos mining, installation, or removal. |
| | | Explosives, caps, primers, detonators, ammunitions, fuses, arms, magnesium, ammonium nitrate, propellant charges, detonating devices, fireworks, nitroglycerine, celluloid, pyroxylin, or explosive substances intended for use as an explosive. |
| | | Oil or gas operators or contractor; oil or gas well works; oil or gas pipeline construction operations; oil rig and derrick work; onshore or offshore gas or oil drilling operations. |
| | | Natural or artificial fuels, flammable liquids or flammable gases (does not include retail sales of gasoline or diesel, or wholesale or retail distribution of home heating oil). |
| | | Railroad operations or construction. |
| | | Maritime or federal employment; marine work of any kind, building, repairing, or cleaning of ships, operation of dry docks, US Longshoremen's and Harbor Workers' exposures |
| | | Sewer, subway or water main construction, shaft sinking, or tunneling. |
| | | Wrecking or demolition. |
| | | Underground mining, strip mining, or quarrying. |
| | | Off-shore or sub aqueous work. |
| | | Caisson or coffer dam work; dam, dike, lock, or revetment construction. |
| | | Chemical manufacturing or fertilizer manufacturing. |
| | | Nuclear Regulatory Commission projects or operation conducted under license from the Nuclear Regulatory Commission. |
| | | Firefighters, police officers, emergency rescue workers, ambulance services. |
| | | Steeple or chimney shaft work and tower construction. |
| | | Bridge construction, metal or concrete. |
| | | Logging or lumbering and lumber mills (except the transportation of lumber or logs.) |
| | | Scaffold construction, repair or removal three or more stories in height. |
| | | Roof work. |
| | | Do you or your employees ever travel or perform work in another state? If yes, which states? _____ |
| | | Long haul trucking exposure (over 200 miles). If yes, how many miles? _____ |

Provide details for any "Yes" answers (attach a sheet if necessary):

Audit Signature Form:

Please indicate below if you permit Markel Corp to release the audit worksheets to your agent or broker:

Yes No Initials: _____

Insured Name:
 Policy Number:

I _____ (please print) certify, as an authorized representative of the above name insured, that the information provided for the purpose of this Workers' Compensation audit is to the best of my knowledge complete and accurate.

Signature: _____ Title: _____ Date: _____
 Phone Number: _____ Email: _____
 Website: _____