



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:
Audit Period:

Once the information requested is received, the Premium Specialist handling this audit may be contacting you to review the information and conduct a phone interview.

Phone: **888-500-3344**
Fax: **866-319-5248 (Alt. 402-505-4880)**
E-mail: phoneaudit@markelcorp.com
Mailing Address: PO Box 3009, Omaha, NE 68103

- **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 ext. 1506.**
- **Please Note: Failure to complete this audit may result in a penalty being assessed on your policy.**
- If available, please include a copy of your payroll ledger (example: QuickBooks), and 941 or DE9C quarterly reports, and any certificates of insurance when returning these worksheets to expedite your assessment process.
- If the audit period does not work for you please use payroll records dating to the nearest 1st of the month.
- If you would prefer to submit the audit through e-mail, but do not have a scanner, a blank version of this document is available at www.markelcorp.com under the "Policyholders". Click on your appropriate state and select the "Premium Audit Worksheet." Please e-mail the completed audit to phoneaudit@markelcorp.com to submit.

If the premium audit needs to be performed at your accountant's office or elsewhere, please forward this information to the appropriate person and have them put their contact information at the end of the documents in case additional information is required.

These audit worksheets are designed to simplify the audit process by making it more convenient for you. Please be assured that all information will be kept confidential.

Sincerely,
Premium Audit Department



Section 1 – Insured/Policy Information

Insured Name:
Policy Number:
Policy Period:
Type of Entity:

FEIN#:
Audit Period:
Type of Audit:

Section 2 – Principals/Ownership

Name	Percent Ownership	Title	Gross Payroll	Job Duties

** 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: _____ %

Contractor License Number _____

Section 4 – Total Wages – Employees

Please review your payroll ledger and state your employee's gross payroll, **excluding officer 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:

\$ _____



Please indicate if your operations include any of the following:

Y	N	Do you or your employees ever travel or perform work in another state or country? If yes, which states/countries? _____
Y	N	Long haul trucking or delivery exposure (over 200 miles). If yes, how many miles? _____ Sub-hauler (or employ sub-haulers). _____
Y	N	Cash, casual or temporary labor?
Y	N	General Contractor?
Y	N	Scaffold construction, repair, or removal three or more stories in height?
Y	N	Tree trimming from off the ground. If yes, what is the height? _____
Y	N	Landscaping of median work?
Y	N	Use of bucket truck or boom lift?
Y	N	Restaurant delivery?
Y	N	24 hour operations?
Y	N	Nightclub / Bar?
Y	N	Towing, roadside assistance or repairs, automobile repossession?
Y	N	Above or below ground concrete work?
Y	N	Street or road construction, curb and gutter construction, or right of way work?
Y	N	Excavation work?
Y	N	Telephone/Light pole work, Satellite Dish Installation, Solar panel installation, or Sign Installation?
Y	N	HVAC any gutter or roof flashing?
Y	N	Roof work?
Y	N	Ownership, maintenance, operation or use of aircraft or airports, aircraft flight or ground operations of any kind?
Y	N	Amusement parks or devices, fairs, exhibitions (including fireworks), carnivals or circuses, sports events and/or participants?
Y	N	Asbestos or lead mfg., refining, processing, installation, or removal?
Y	N	Explosives, caps, primers, detonators, ammunitions, fuses, arms, magnesium, ammonium nitrate, propellant charges, detonating devices, fireworks, exhibitions and loading, handling, transportation, storage or manufacture of fireworks, fuses, nitroglycerine, celluloid, pyroxylin, or explosive substances intended for use as an explosive?
Y	N	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?
Y	N	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)?
Y	N	Railroad operations or construction?
Y	N	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?
Y	N	Sewer, subway or water main construction, operation or maintenance, shaft sinking, or tunneling?
Y	N	Wrecking or demolition?
Y	N	Mining, underground mining, strip mining, or quarrying?
Y	N	Off-shore or sub aqueous work, tunnel construction subaqueous operations?
Y	N	Stevedoring, operation or navigation of ships or vessels?
Y	N	Caisson or coffer dam work; dam, dike, lock, or revetment construction?
Y	N	Chemical manufacturing or fertilizer manufacturing?
Y	N	Nuclear, radioactive, chemical, or biological contamination?
Y	N	Nuclear Regulatory Commission projects or operation conducted under license from the Nuclear Regulatory Commission?
Y	N	Firefighters, police officers, emergency rescue workers, ambulance services?
Y	N	Transportation of hazardous (nuclear or other) waste or materials?
Y	N	Public Utilities?
Y	N	Steeple or chimney shaft work and tower construction?
Y	N	Bridge construction, metal or concrete?
Y	N	Logging or lumbering operations and lumber mills (except the transportation of lumber or logs)?
Y	N	Professional sports teams or professional athletes?
Y	N	Professional employer organization, employee leasing/temporary employee agency?

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

Audit Signature Form:

Please indicate below if you permit Markel Insurance 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 named Insured, that the information provided for the purposes of this Workers' Compensation audit is to the best of my knowledge complete and accurate .

Signature: _____ Title: _____ Date: _____

Phone Number: _____ E-mail: _____ Website: _____