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 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:	Phone:	888-500-3344
Insurance Carrier:	Fax:	866-319-5248 (Alt. 402-505-4880)
Policy Number:	E-mail:	phoneaudit@MarkelCorp.com
Policy Period:	Mailing Address:	P.O. Box 3009, Omaha, NE 68103

In order to process your audit in a timely manner, please complete and return the enclosed audit worksheets along with a **payroll report** (examples listed below) AND copies of your nearest four quarters **941** Federal Quarterlies or State Unemployment Reports **DE 9C** corresponding to your policy period within fourteen (14) days of receipt of this letter. Please submit the information by fax or email to the above contacts and use this letter as your cover sheet or include your policy number on your documentation. We prefer to conduct the audit with a principal in your company who is familiar with day-to-day operations and employees' duties. The phone interview is in lieu of a visit to your office. All information will be kept confidential.

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

A **payroll report** summarized by employee including any overtime wages, deductions for CAF 125 benefits, retirement plans, allowances and / or reimbursements for the policy period. Examples of payroll reports:

QuickBooks Payroll Summary Report by Employee
Peachtree Payroll Register – Report Order is by Employee ID
Prime Pay Workers Comp Report
Wells Fargo Summarized Payroll Register – B341
ADP Master Lists or Employees Earning Summary (please call 888-500-3344 ext. 7460 for assistance)
PayChex Employee Earnings Record or Compensation Report
CompuPay Workers Comp Report or Labor Distribution Report
Payroll People Check Journal – S109

If Applicable, please include:

OCIP / SEWUP / WRAP reports and certificates of insurance

1099 reports of wages paid to sub-contractors

TIMECARDS: Pursuant to WCIRB regulations, in order to be eligible for the lower-rated dual wage construction classifications, contractors must provide sample weekly time cards for three employees who earned over the wage threshold, for three one-week periods – one week from the beginning, one week from the middle, and one week from the end of your policy term. Timecards should show employees' start and stop times. Also, please provide the corresponding payroll journals or pay stubs so that we may verify the hours worked to the wages earned to determine eligibility for the lower-rated dual wage classification.

Sincerely,
Premium Audit Department

Markel
PO Box 3009, Omaha, NE 68103-0009 Phone (888)-500-3344 Fax (866)-338-2667
www.markelinsurance.com

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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

** 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:

2) Risks (if applicable)

Drivers Radius (if applicable): _____ miles

Height Exposure: _____ feet Depth Exposure: _____feet
Residential Work: _____ % Commercial Work: _____%
Contractor License Number _____

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Policy Number:

Section 4 - Office and Outside Sales Employees Only: Please list only employees who were strictly office clerical (class code 8810) and outside sales (class code 8742), if applicable, and their duties. **The payroll report (as described on the first page) you are submitting should include ALL employees paid during the policy period.**

Name	Job Duties	Name	Job Duties

Section 5 - 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, and dates of service. If any are licensed, list their contractor license number or if owner-operator their motor carrier permit number, and if applicable their policy number and policy period. Please remember to attach Workers' Compensation Certificates of Insurance for all insured sub-contractors and the 1099 reports.

Name	Work Performed	Amount Paid	License # / MCP #	Dates of Service	Insured Yes or No	Policy Number and Policy Period

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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: _____

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