

**POLICYHOLDER AUDIT REPORT**

Insured Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Number: (i.e. xxxx-1A234567) \_\_\_\_\_  
 Policy Term: \_\_\_\_\_

**FAX (800) 879-0892**  
**Customer Service (800) 842-4271**

**1. TELL US ABOUT YOUR BUSINESS**

Please provide a detailed description of your business operations (e.g. work performed; product manufactured; services provided) including any new operations added during this term.

**2. TELL US ABOUT YOUR COMPANY STRUCTURE**

**(Circle One)**    Individual    Partnership    Corporation    Limited Liability Co.

List Sole Proprietor, Partner(s), or Corporate Officer(s) along with their duties, number of weeks employed during the policy term, and their earnings/draws/profits. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Please give more detail than simply "administrative" or "managerial" duties.

Title	Name	Specific Duties	# of Weeks Employed	Actual Earnings	Company Use Only





## SEND US YOUR SUPPORTING DOCUMENTATION

In order to complete this report we need the following forms pertaining to the policy period:

- the last four(4) Federal Employer's Quarterly Tax Forms (Form 941) or State Unemployment Wage Reports for all states covered on this policy.

- If you are sending Form 1120 or 1065, please also include Form 1125-A

Note: If your quarterly tax returns don't line up with your policy term, simply provide your last four filed quarterly reports.

If you do not file the forms listed above, please attach:

- for Sole Proprietor, Profit or Loss From Business (Form 1040) Schedule C pages 1 and 2
- for Partnership, U.S. Partnership Return of Income (Form 1065) pages 1 and 2
- for Corporation, U.S. Corporation Income Tax Return (Form 1120) pages 1 and 2

## PLEASE SIGN YOUR REPORT

Thank you for taking the time to complete this report. Please fill in the information below and return your report to the office listed on Page 1.

\_\_\_\_\_  
Authorized Representative (Please Sign)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative (Please Print)

(       )

\_\_\_\_\_  
Area Code and Phone Number

\_\_\_\_\_  
Email Address (Please Print)

(       )

\_\_\_\_\_  
Fax - Area Code and Phone Number

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