

To ensure that your audit is completed correctly, you must fill in all boxes below.

EXAMPLE WORKERS COMPENSATION AUDIT

Insured: AmTrust North America, Inc.
Att: 5800 Lombardo Center
 Cleveland, OH 44131-2550

Policy: RWC3000001
Effective: 1/1/04
Expiration: 1/1/05

These are the effective and expiration dates. They indicate the first (effective) and last (expiration) days of your policy. The numbers you put on the audit form should cover this time period.

Name of Executive Officer, Partner or Proprietor	Officers Incl/Excl	Title	Duties	Earnings*
John Q. President		President	Sales/Clerical	\$30,000
<p>This is where you will write in your officers. Please indicate their title; provide us with a specific summary of duties (we would prefer "sales" to "all"); and list their earnings, even if the officer is excluded. PLEASE NOTE that you should not include the officer(s)'s payroll in the employee box below. All companies, even churches and non-profits, have officers; if you are unsure of who yours are, please contact your agent.</p>				

*Do NOT include the earnings of Officers, Partners or Proprietors in amounts below.

Are you operating as: () Individual () Partnership () Corporation () Other

Please enter only payroll for non-officer employees and attach your Federal 941 forms.

Be sure to mark an entity for your company.

State	Class	Class Description	Payroll	Tips	Overtime	Total Payroll
OH	8810	Clerical NOC	\$20,000	\$500	\$500	\$21,000

This is where you will write in the payroll for all your non-officer employees. If there are tips or overtime, write them in their respective boxes, as well.

Please enter 100% of the fees for all subcontract labor and attach their 1099's or Certificates of Insurance if subcontractor has their own Workers' Compensation policy.

State	Name/Company Name	Job Description	Fees
<p>This is where you will write in the names, job descriptions, and fees of your subcontractors. If you have too many to fit in this space, please attach a separate sheet listing your subcontractors that provides this information.</p> <p>Please provide 1099s for all subcontractors, if possible; if any of your subcontractors have Certificates of Insurance, please provide those as well.</p> <p>If you do not have any subcontractors, please write "N/A".</p>			

Authorized Signature: John Q. President

Please sign and date your audit form.

Date: 1/1/05

Print Name: _____

Send to: Rochdale/Technology/ Wesco Insurance Company
 P.O. Box 31330
 Cleveland, OH 44131
 877-528-7878 Fax: 800.487.9654

Agent: Imaginary Agency, Inc.
 P.O. Box 11221
 Nowhere, OH 44202
 1-800-555-5555

This is your agent's telephone number. Please contact them with any questions you may have.