

Insuring Company:

Date of Notice: __/__/__

Address

-

Policy Number _____

Audit Term _____ - _____

Term

Audit Type

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. Be sure to include: Name, Title, Specific Duties, # of Weeks Employed, Earnings, and Actual Earnings.

Insured Name: _____

Policy Number: _____

5. 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 Return (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

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

6. 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