

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

(Circle One) Individual Partnership Corporation Limited Liability Co.
Other: _____

3. TELL US ABOUT YOUR COMPANY STRUCTURE

List Sole Proprietor, Partner(s), or Corporate Officer(s) along with their duties, and number of weeks employed during the policy term. Include all principals even if they receive no pay. Please give more detail than simply "administrative" or "managerial" duties.

Title	Name	Specific Duties	Period of Employment	Avg. Hrs. Worked Per Week	Company Use Only

4. ALL OTHER EMPLOYEES - DO NOT INCLUDE INDIVIDUALS LISTED IN SECTION 3.

Please list state, employee name, specific duties, period of employment and average hours worked.

State	Name	Specific Duties	Period of Employment	Avg. Hrs. Worked Per Week	Company Use Only
<i>CT</i>	<i>Matthew Flynn</i>	<i>Mechanic</i>	<i>5/1 to 3/15</i>	<i>*40</i>	

6. SEND US YOUR SUPPORTING DOCUMENTATION

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

- **The Unemployment Wage Reports for all states covered on this policy.**

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

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

7. 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*)

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Area Code and Phone Number

Email Address (*Please Print*)

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Fax - Area Code and Phone Number