



**Instructions for Completing the Premium Audit Report:**

Please have a responsible person complete the Premium Audit Report and send it back to Acuity by the date indicated at the top of the form. Please answer all questions on the form, which are tailored to your particular business or operations. The following sections may be included:

**1. Please complete all sections for the entire audit period from: 1-1-05 to 1-1-06 for the above Named Insured and the following Additional Named Insured(s):**

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- When reporting information, remember to include all payroll, sales, or other data between the dates shown.
- These should be **actual figures** and not estimates.
- This policy covers the Named Insured and all Additional Named Insured(s) listed on the audit form.
- Report all information requested on this form for each Additional Named Insured.
- If the Additional Named Insured has no activity or exists as a holding company only, please indicate such.

**2. Business Operations**

Please provide a detailed description of your business operations including any operations not common to other businesses in your industry: \_\_\_\_\_

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- Give a detailed description of the nature of your business.
- Please explain any operations that are not common to other businesses in your industry.
- If you are in a construction business, please indicate the kind of work you or your employees do (rough carpentry, finish carpentry, plumbing, etc.).

**3. Officers/Owners/Partners/Members**

<b>Names of All Officers, Owners, Partners, or Members</b>	<b>Title</b>	<b>Percentage of Ownership</b>	<b>Describe Regular and Frequent Duties</b>	<b>Gross Earnings (including commissions, bonuses, draws, etc.)</b>	<b>Number of Weeks Worked</b>
John Doe	President	50	Carpentry/Superv	\$ 64,263.00	52
Jane Doe	VP	50	Sales Manager	\$ 59,632.00	52
Jeff Smith	Treasurer		Office/Clerical	\$ 52,783.00	52



- Provide full names of all legal owners, partners, officers, and members. Indicate formal titles (president, treasurer, etc.) for any person shown on the corporate charter or in the corporate by-laws.
- Indicate the percentage of ownership for each person listed.
- Show work duties for each person. Please state what they **do** according to their daily work. Use descriptive terms like outside sales, shop supervision, carpentry, etc. If the person has several duties, please list them all.
- List gross earnings for all officers, owners, partners, and members. All forms of pay must be shown including commissions, bonuses, draws, and any kind of pay defined as *remuneration*. (See the **Frequently Asked Questions and Answers** section.)
- Indicate number of weeks worked to show if the person worked in this position for the entire policy period.

#### 4. Employees

<b>Names of Employees or Cash Labor</b> (include all employees or labor even if no longer working for you)	<b>If Family Member, Identify Relationship</b>	<b>Describe Regular and Frequent Duties</b> (what they <b>do</b> , not their title)	<b>Gross Earnings</b> (including overtime, commissions, bonuses, etc.)	<b>Overtime Earnings Only</b> (included in gross earnings)	<b>Number of Weeks Worked</b>	<b>If No Gross Earnings Reported, Provide Total Number of Hours Worked</b>
Joan Smith	Daughter	CSR assists with travel packages	\$ 6,338.34	\$ 123.00	50	
Diana Jones		Sells travel packages		\$	26	1100
Patrick Miles		Monitors employee sales	\$ 11,079.30	\$ 95.34	18	
Katy Servir		CSR assists with travel packages	\$ 10,155.95	\$	26	

- Do not repeat individuals in this section if they are already noted in the Officers/Owners/Partners/Members section.
- Provide full names of each person who worked during the policy period. Include cash labor not on the payroll and all employees or labor during the policy period even if they are no longer working for you.
- Show work duties for each person. State what they **do** according to their daily work. Use descriptive terms like inside sales, shipping, driver, or carpentry. If the employee has several duties, please list them all.



- Indicate gross earnings and include all wages, pay, overtime, commissions, bonuses, rent, housing, and any kind of payment or substitute for money when it constitutes all or part of the wages for the employee. You may exclude tips and gratuities. A payroll report providing individual employee names and earnings such as Quickbooks or Peachtree may be provided in lieu of providing this information in written form. Be sure to note the employee job duties on the earnings report. For South Dakota, vacation, holiday, and sick pay should be listed separately.
- Show total overtime earnings separately. Indicate if it was time and a half or double-time.
- Indicate number of weeks worked to show if this person worked in this position for the entire policy period.
- Provide the number of hours worked for any noncompensated employees, laborers, or family members.

**5. Subcontractors**

Were there any subcontractors used during this time period?  Yes  No

**Submit a Certificate of Insurance for each subcontractor listed.**

Names of All Subcontractors	Subcontractor Had Employees?	Total Contract Cost Paid	Contract Cost of Labor Only	Type of Work Done	Certificate of Insurance Enclosed?
Seek, Inc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 12,000.00	\$ 12,000.00	Sheet Metal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Jennifer Smith	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 1,540.00	\$ 1,540.00	Cleaning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
James Stan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 7,512.48	\$ 5,302.13	Roofing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

- If you are in a construction business, indicate any work subcontracted during the policy period.
- List the name of the business or individual who did work for you as an independent contractor.
- Indicate if subcontractor had employees working for them.
- Indicate total contract cost paid by you.
- Indicate total cost of labor only (if known).
- Indicate type of work done (excavation, concrete, carpentry, etc.).
- Indicate if there is a Certificate of Insurance for each subcontractor. **A copy of each certificate must be enclosed with this form.** The certificate must cover the same dates the subcontractor was paid and should be for the same type of insurance coverage being audited (e.g. workers' compensation or general liability).



**6. Business Liability**

WI	Drywall or Wallboard Installation	Total Payroll	<u>\$ 26,528.18</u>
WI	Warehouses - Miniwarehouses - Products - completed operations are subject to the General Aggregate Limit	Gross Sales	<u>\$ 29,321.56</u>

- If policy was based on gross sales, please indicate the actual sales during the policy period. Gross sales include the entire amount charged for all goods sold or distributed, services provided, rentals, dues, fees, etc.
- Items that may be excluded from gross sales: sales or excise taxes that are collected and submitted to a governmental division, installment finance charges, freight charges (if billed separately), royalty income from patent rights, and copyright income.
- If policy was based on number of gallons of gasoline sold and the audit form asks for this and for gross sales, deduct the gasoline sales from gross sales and report number of gallons separately.

**7. General Information**

Indicate the total projected annual gross revenue amount based on your operations. Gross revenue could include gross receipts, projected rents, collections, offerings, and donations.

**8. Certification**

Name _____ (Please Print)	Is location of records address the same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____	If No, where could Acuity inspect your records?
Phone _____ Ext _____	Name of Contact _____
Cell Phone _____	Address _____
Email Address _____	City _____ State ____ Zip _____
Website _____	Phone _____ Ext _____
	Cell Phone _____

**I certify that the information provided in this report is complete and true and agrees with our records.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

- The person who supplies the information on this form must sign and date it to certify the information provided in the report is complete and true and agrees with your records.
- Please provide a clear name, title, and telephone number for our records in case we need to contact you. Also, indicate where Acuity can inspect these records, if necessary, for audit purposes.