Self-Audit Form	Policy Nu	mber:		Audit	Period:		
Section 1 - Your Company (required)  Description of Operations: Please provide a brief description of the work your company performs						orms	
Legal Status (please indicate one):		Corporation					
		LLC					
		Partnership					
		Sole Proprieto	rship				
		Other					
If Other, describe yo	ur company's	Legal Status:					
Section 2 - Your O	wners and Of	ficers (required)					
Name		Title	State	Job Duties	# of Active	Total Gross	Ownership

Ex. Mary Taylor	President	MI	Plumbing	52	\$100,000	100%

## Section 3 - Your Employees - Do not include individuals listed in Section 2 (required)

If you have more than 15 employees, please provide totals by department in this section

Name	Job Duties	State	Gross Wages	OT: Time and	OT: Double	Tips
			(Include OT)	1/2	Time	
Ex. Eric Johnson	Tile installation	MI	\$80,000	\$5,500	\$0	\$0
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## **Section 4 - Your Non-Employee Labor** (required)

Did you hire anyone other than employees to perform work on your Yes behalf as part of your business operations?

If you selected "Yes", please complete the below table. If "No" continue to the next section.

If Workers' Compensation certificates are available for any of the below laborers, send copies covering the dates worked in order to exclude their pay.

Name of Company or	Work Performed	Dates Worked	State	Cost of Materials	Total Amount
Individual		(From/To)		from Sub	Paid
Ex. Smith Roofing Co	Roofing work	1/1 - 3/15	MI	\$2,500	\$15,000
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## **Section 5 - Waivers of Subrogation** (required)

Did your policy include one or more Waivers of Subrogation?

Yes

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If you selected "Yes", please complete the below table. If "No" continue to the next section.

Name of Company or Individual	Work Performed	Class Code Attributable	Pay Attributable to	
		to Waiver	Waiver	
Ex: Steve's Plumbing	Installed pipes	5183	\$7,000	

## Please Sign Your Report

Thank you for taking time to complete this report. The information provided on the report along with required supporting documentation will be verified by an auditor of the company.

Authorized Representative						
Name & Title:						
Signature:						
Phone Number:	Email:					
Company Website:						

If requested, may the audit information be provided to your agent?