



**Workers Compensation Audit Report Form**

**Policyholder:**  
**Policy Number:**  
**Audit Period:**  
**Audit ID:**

**If you are reporting on more than one entity, please complete this form for each entity that has payroll.**

Entity Name	FEIN	Non-Profit Entity? (Yes or No)

**DESCRIPTION OF OPERATIONS (Please provide a detailed description of your companys operation)**

**Are there any changes to your workers compensation policy during this policy period?**

**CONTROL FIGURES**

**INSTRUCTIONS:** Please list total wages from your last four Federal 941s and State Unemployment tax reports in this section (if more than one entity is listed on page 1, please provide the applicable tax documents for each entity). **Copies of the 941s must accompany this audit report as verification.** If your company is not required to file 941s, we ask that you attach a copy of your latest Federal Tax Return Form 1040C, 1065, 943, 1120, payroll report or general ledger report.

**Please enclose copies of your unemployment tax forms that most closely correspond to your policy period.**

	Total Wages From State Unemployment Reports	Total Wages From 941 Reports	Excludable Taxable Tips From 941 Reports	Contributions Not Reported on 941 (ex: 401K, Sec 125)
___ Qtr/ ___ Yr				
___ Qtr/ ___ Yr				
___ Qtr/ ___ Yr				
___ Qtr/ ___ Yr				
<b>Totals</b>				

**Municipal Employer Questionnaire**

Does this Municipality have the following payroll for above policy period? If so, indicate the payroll and number of individuals for elected officials and volunteers. Please provide actual gross wages for the policy period of each job description below and include a payroll report and roster of elected officials and volunteers.

**8810-Clerical / Office**

<input type="text"/>	Deputy Clerk . . . . .	<input type="text"/>	Deputy Treasurer
<input type="text"/>	Election Workers . . . . .	<input type="text"/>	Libraries or Museum
<input type="text"/>	Professional (School Board) ..	<input type="text"/>	Secretaries
<input type="text"/>	Dispatchers Only - No Onsite Work . . . . .	<input type="text"/>	City Manager

**9410-Municipal Employees**

<input type="text"/>	Assessor - Non-Elected . . .	<input type="text"/>	Board of Reviews
<input type="text"/>	Building Inspectors . . . . .	<input type="text"/>	Electrical Inspectors
<input type="text"/>	Plumbing Inspectors . . . . .	<input type="text"/>	Liquor Inspectors
<input type="text"/>	Planning Commission . . . . .	<input type="text"/>	Zoning Board
<input type="text"/>	Transfer Station Attendant . . .	<input type="text"/>	Board of Appeals
<input type="text"/>	Deputy Supervisor . . . . .	<input type="text"/>	Zoning Inspectors
<input type="text"/>	Zoning Administrator		

**Elected Officials Only**

<input type="text"/>	*7720-Constables # of	<input type="text"/>	<input type="text"/>	8810-Clerk
<input type="text"/>	*8810-Trustees # of	<input type="text"/>	<input type="text"/>	8810-Treasurer
<input type="text"/>	*8810-Commissioners # of	<input type="text"/>	<input type="text"/>	8810-Mayor or Village Pres.
<input type="text"/>	**9410-Township Supervisor	<input type="text"/>		8810-Assessor

**Volunteers Only**

<input type="text"/>	*7720-Public Officers # of	<input type="text"/>	<input type="text"/>	*7704/7904-Fire Fight.# of	<input type="text"/>
<input type="text"/>	*7920/8868-Patrol # of	<input type="text"/>	<input type="text"/>	*7980/7380-Ambul. # of	<input type="text"/>

**Other**

Are Welfare Workers employed?	Is payroll included?	Under what classification?	<input type="text"/>
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Is there any water rescue performed?	Is it performed on federally navigable waters?
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Are Youth Corp or Job Training Workers employed?	Is payroll included?	Under what classification?	<input type="text"/>
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**Notes:**

\*Include the number of employees.

\*\*8810 may be used only if the Supervisor is confined to an office 100% of his/her time, otherwise he/she shall be

**DO YOU USE SUBCONTRACTORS, CASUAL LABOR, OR CASH LABOR?:**

Yes No

**SUBCONTRACTORS/CASUAL LABOR/CASH LABOR**

List the pay of all persons who performed work on a contract basis such as subcontractors, casual labor, and cash labor. Total cost includes the cost of all labor, materials and equipment. Please provide certificates of insurance or state exemption forms for these contractors. If you are unable to provide workers compensation certificates or state exemption forms, please show the breakdown between labor and materials.

Please attach copies of workers compensation certificates of insurance or state exemption forms and forward them to our office referencing your policy number.

State	Name of Subcontractor	Type_of_Work_Performed_for_Policyholder	Contract for	Total Amount Paid

**Name & Title of Person Completing Form:**

**Contact Phone Number:**

**E-mail Address of Policyholder:**

**Website Address, if any:**

**Accident Fund Insurance Company of America has a responsibility to its policyholders to protect confidential information contained in our audit reports. These audit reports contain payroll and other sensitive information. Please tell us whether or not we can release your audit worksheets to your agent.**

**YES, I authorize my Insurance Carrier to provide audit worksheets to the insurance agent listed on the policy**

**NO, I do not authorize my Insurance Carrier to share my audit worksheets with my Insurance Agent**

**Please submit the completed form and required documents by one of the methods below:**

**Mail: Premium Audit Contacts  
PO Box 40790 - Lansing, MI 48901-7990**

**Email: [Premiumaudit@accidentfund.com](mailto:Premiumaudit@accidentfund.com)**

**Fax 866-638-7491**

**If you have any questions, please contact the Premium Audit Department at: 866-206-5851**