**COMPANY NAME: POLICY NUMBER:**

Click or tap here to enter text.Click or tap here to enter text.

**ADDRESS:**   **STATE OF ASSIGNMENT:**

Click or tap here to enter text.Click or tap here to enter text.

**Section 1 - Company & Operations Background** *required*

**Operations Description:** Please provide a brief description of your business operations and who your customers are:

Click or tap here to enter text.

**Legal Status:** [ ]  **Sole Proprietorship** [ ]  **Partnership** [ ]  **Limited Liability Company**

[ ]  **Corporation** [ ]  **Non-Profit Corporation** [ ]  **Farm**

[ ]  **Condominium or Homeowners Association** [ ]  **Non-Profit Entity** [ ]  **Rental Property**

[ ]  **Other (please describe):** Click or tap here to enter text.

**Has your legal status changed during the policy period:** [ ]  **Yes** [ ]  **No**

**Company website (if applicable):** Click or tap here to enter text.

**Section 2 - Owner & Officer Information** *required*

Please provide the information requested below for anyone who is either an owner *or* officer of your business operation. For "Job Duties" please list the work performed by the person listed in addition to their title. If you need more space than provided below, please attach additional documentation with the requested information.

**Definition of an Officer:** An officer is commonly defined as a President, Vice President, Secretary, Treasurer, Member or other Executive Officers elected or appointed in accordance with the corporate charter, articles, bylaws or legal documentation.

***Note:*** *Please include information for all owners & officers during the policy period, both active and inactive. Gross payroll includes bonuses, vacation/sick pay, commissions, and overtime prior to any deductions for federal/state taxes, FICA, and 401(k) or similar benefit plan contributions.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Name** | **Title** | **State** | **Job Duties** | **Total Gross Payroll ($)** | **Ownership (%)** | **# of Active Weeks** |
| *Example: Sue Smith* | *President* | *WA* | *Outside Sales* | *$100,000* | *100%* | *52* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Section 3 – Employee Listing** *required*

Please provide the total gross payroll for each employee. If you need more space than provided below, please attach additional documentation with the requested information. **Please do not include owner or officer payroll in this section.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Job Duties** | **Work State** | **Total Gross Payroll ($)** |
| *Example: John Smith* | *Carpentry* | *MA* | *$40,000* |
|  |  |  |  |
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**Section 4 – Employee Payroll Information** *required*

Please provide the total gross payroll that applies to each of the class codes listed on your policy. Please do not include the owner and officer payroll in this section. If you require more space than that provided below, you may attach a spreadsheet to this audit form. **Class codes may be found on the information page of your policy. Note see chart below for adding furlough payroll.**

**WORK FROM HOME During Covid-19:** Payments to employees working from home during Federal, State and/or Local Emergency Orders, Laws, or Regulations issued due to the COVID-19 (Coronavirus) Pandemic.

**COVID-19 PAID NOT WORKING (Furloughed):** Payments to furloughed employees during Federal, State and/or Local Emergency Orders, Laws, or Regulations issued due to the COVID-19 (Coronavirus) Pandemic.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Class Code** | **Class Code Description** | **# of Employees** | **Total Gross Payroll ($)** | **Total Overtime ($) Amount** | **Work from Home during COVID-19** | **COVID-19 Paid not working** |
|  |  |  |  |  |  |  |  |
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**Section 5 – Subcontractor Information** *required*

**Did you hire subcontractors to perform work on your behalf as part of your business operations during the policy period?** [ ]  **Yes** [ ]  **No**

**Did you pay any individuals cash during the policy period?** [ ]  **Yes** [ ]  **No**

If you answered "Yes" above, please complete the table below and provide Certificates of Insurance for Workers Compensation, Certificate of Exemption, 1099s, and 1096 with this questionnaire. Any subcontractor that does not have this documentation may be added to your premium audit. If you need more space than provided below, please attach additional documentation with the requested information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Company or Individual** | **Type of Work Performed** | **Dates Worked (From/To)** | **Total Amount Paid for****Labor** | **Do They Have Workers Comp. Coverage? (Y/N)** |
| *Example: J&J Plumbing* | *Installed pipes and fixtures* | *12/1/2016 - 3/1/2016* | *$2,500* | *Y* |
|  |  |  |  |  |
|  |  |  |  |  |
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**Section 6 – Waivers of Subrogation** *if applicable*

**Did your policy include any specific Waivers of Subrogation?** [ ]  **Yes** [ ]  **No**

If you answered "Yes" above, please complete the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company or Individual Requesting Waiver** | **Type of Work or Duties Performed** | **Class Codes Attributable to the Waiver** | **Payroll Attributable to the Waiver** |
| *Example: J&J Plumbing* | *Installed pipes and fixtures* | *5183* | *$2,500* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 7 – Preparer Validation** *required*

**Important Notice: This report will be verified by an auditor of the company. This must be signed and dated by an owner, officer, or designated representative of your company.**

**By signing below, I consent that any information provided on this form is as accurate as possible to the best of my knowledge:**

**Name (Please Print):** Click or tap here to enter text.

**Title (Please Print):** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Preparer Email:** Click or tap here to enter text.

 **Signature (double click below to sign electronically):**

**Date:** Click or tap to enter a date.

 Do we have permission to communicate with you electronically regarding your Assigned Risk Workers Compensation policy?

[ ]  **Yes** [ ]  **No**

 **If yes, please provide owner/officer email:** Click or tap here to enter text.

**Complete Your Audit**

There are three easy ways to send your completed Self Audit Questionnaire and required federal tax documentation.

Option One: **Send an email** to IMS@LibertyMutual.com

Option Two: **Fax** the documents to (603) 427-1885. Please make sure to fax **BOTH** sides of each page.

 Option Three: **Mail** the documents to:

LM INSURANCE CORPORATION

Workers Compensation Assigned Risk

P.O. Box 66400

London, KY 40742-6400

Did you remember to include?

* 1120 Federal Tax Form or equivalent
* 1125A Federal Tax Form
* 941 Federal Tax Form for each of the last four quarters
* Schedule C of Tax Form 1040

If you had any subcontractors, you should also include:

* 1099 Federal Tax Form for each subcontractor
* 1096 Federal Tax Form
* Certificate of Workers Compensation Insurance for each subcontractor

**Audit Related Inquiries**

If you need any assistance completing this form, please contact your agent or contact us:

**Phone:** Customer Contact Center: (800) 653-7893 **Email:** IMS@LibertyMutual.com

**Keep a copy of this document for your records**