



SELF-REPORTING QUESTIONNAIRE

AGENT #: _____

AUDIT REVISION

POLICY NUMBERS: WC _____
 LIABILITY _____

INSURED _____

POLICY NUMBER(S)	POLICY PERIOD TO	FEDERAL I.D. NO. OR SOCIAL SECURITY NO.
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TYPE OF BUSINESS:
 INDIVIDUAL PARTNERSHIP CORPORATION NON-PROFIT CORP. GOV'T. ENTITY LLC OTHER _____

DESCRIBE YOUR BUSINESS OPERATIONS: _____

OFFICE USE ONLY	State	LOC	WC Code	Liab. Code	Classification Summary	# Em- ployees	WC Exposure	GL Exposure	

OWNER/PARTNER/OFFICER DATA

Name	Title	Excluded		Describe Duties* * Do not use words such as oversees business, administrative, or owner	Gross yearly payroll incl. OT, bonuses or commissions	Total # weeks worked	State worked in
		Y	N				
					\$		
					\$		
					\$		
					\$		

- Note 1:** If household or farm employee, indicate "Full or Part Time."
Note 2: If overtime is other than time and one-half, please indicate. _____
Note 3: Do you have a 401K, Flexible Benefits Plan or Salary Reduction Plan for employees? YES NO
 If "yes," the Employee Contribution must be included in the Gross Payroll.
Note 4: Have you done any government jobs? YES NO If "yes," employees covered under their insurance? _____

