Workers' Compensation and Employers' Liability Insurance Policy IN WCIP Assigned Carrier: PMA Ins Co - NCCI Carrier Code 11916

Old Republic Residual Market Services PO Box 9325 Minneapolis, MN 55440-9325

Website ormarks.com Phone (612) 902-9240 Toll Free (877) 347-3596 Fax (612) 902-9241

Workers' Compensation Payroll Reporting Information

Dear Insured:

Enclosed is a payroll report form that must be completed and returned to our office. The information you provide will allow us to properly adjust your premium for the indicated policy period.

To successfully complete your audit, you must include copies of tax forms or payroll documentation relevant to your business to support the information being reported.

Please refer to the **Supporting Tax and Payroll Documentation Reference Table** on page 2 to determine what documentation is required and acceptable based on your business entity. If your entity type is not listed, please provide the tax documents you filed. If your policy provides coverage for multiple business entities, you must provide copies of supporting tax and payroll documentation for each entity.

We realize that the time frames associated with the requested reports may not match your policy period exactly. We ask that you send those reports that most closely correspond to the indicated policy period.

Construction/Contracting Businesses:

See Section B of the **Supporting Tax and Payroll Documentation Reference Table** for a list of additional information you must send for each subcontractor you contracted to provide work or services during the indicated policy period.

Our contract with the Workers' Compensation Insurance Plan requires us to cancel your current coverage if you fail to complete and return the payroll report form along with the requested tax and payroll documentation by the due date. You will remain ineligible for coverage through the IN Workers' Compensation Insurance Plan until you have complied with all audit requirements.

If you have any questions, feel free to contact our Residual Market Underwriting Services Department toll-free at (877) 347-3596 or by email at policyservices@ormarks.com.

Thank you for your cooperation,

Old Republic Residual Market Services

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Supporting Tax and Payroll Documentation Reference Table

Section A							
Your Business	Provide the following tax documents and payroll information with your completed Mail						
Entity is a	Audit Payroll Report Forms						
	If you have employees: Provide IRS Form 940 – Federal Unemployment Tax Reports/State						
	Unemployment Tax Reports or 941-Quarterly Federal Tax Return showing employee gross wages						
	for all quarters pertaining to the policy period.						
Sole	*Farm Operations – IRS Form 943						
Proprietorship	If you use QuickBooks or other payroll reporting services: Provide the Payroll Summary showing						
	Individual gross wages that pertain to the policy period.						
	In addition to the above documents you must also include:						
	IRS Form 1040 and Schedule C – Profit or Loss From Business – All pages						
	*Farm Operations: IRS Form 1040 and Schedule F						
	If you have employees: Provide IRS Form 940 – Federal Unemployment Tax Reports/State						
	Unemployment Tax Reports or 941-Quarterly Federal Tax Return showing employee gross wages						
	for all quarters pertaining to the policy period.						
Partnership	*Farm Operations – IRS Form 943						
	If you use QuickBooks or other payroll reporting services: Provide the Payroll Summary showing						
	Individual gross wages that pertain to the policy period.						
	In addition to the above documents you must also include:						
	IRS Form 1065 – Return of Partnership Income and Schedule K-1						
	IRS Form 1125-A – Cost of Goods Sold						
0 1'	If you have employees: Provide IRS Form 940 – Federal Unemployment Tax Reports/State						
Corporation	Unemployment Tax Reports or 941-Quarterly Federal Tax Return showing employee gross wages						
for all quarters pertaining to the policy period.							
Nonprofit Org.	*Farm Operations – IRS Form 943						
Association	If you use QuickBooks or other payroll reporting services: Provide the Payroll Summary showing						
Association Individual gross wages that pertain to the policy period.							
Cooperative	In addition to the above documents you must also include one of the following Income Tax Returns: IRS Form 1120 – Corporation, or 1120S - S Corporation, or 1120H - Homeowner's Assoc.						
Cooperative	1120C - Coop Assoc., or IRS Form 990 - Tax Exempt Orgs.						
	And you must also include: IRS Form 1125-A – Cost of Goods Sold						
	If you have employees: Provide IRS Form 940 –Federal Unemployment Tax Reports/State						
	Unemployment Tax Reports or 941-Quarterly Federal Tax Return showing employee gross wages						
Limited Liability	for all quarters pertaining to the policy period.						
Company (LLC)	*Farm Operations – IRS Form 943						
	If you use QuickBooks or other payroll reporting services: Provide the Payroll Summary showing						
	Individual gross wages that pertain to the policy period.						
	Provide additional tax documentation as described above for a Sole Proprietorship, Partnership,						
	or Corporation based on the filing structure that applies to your business.						
	Section B – Additional Reporting Requirements or Exceptions						
Construction or	Provide the following additional information for each Subcontractor used:						
Contractors who	Ø Copy of the subcontractor's Workers' Compensation Certificate of Insurance.						
use Subcontractor	· ·						
	⊘ Copy of the bid or invoice and a copy of the contract if available.						
Domestic	If you employ domestic workers, list the total number of employees for the policy period, the						
Workers	number of hours worked by each and dates of employment for each.						
Firefighters	If you employ firefighters, include a roster of all firefighters (paid or volunteer) and any						
	payments received.						

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Workers' Compensation Mail Audit - Payroll Report Form

Policy Number:

The Insured:

	Tax ID:
	Policy Effective Dates From:
	To:
Your workers' compensation policy premium is based on estimathe audit for the policy period listed above to determine the actumal result in a refund or additional premium due on your policy.	al payroll base and adjust your final premium, which
Please complete and return this form to our office by the due tax/payroll documentation described in the reference table on p to clarify any information and/or make copies of this form for add	page 2. Attach additional documentation if you wish
, ,	
1. If you employed less than 20 people during the policy period,	LIST ALL EIVIPLUYEES BY MAIVIE. IF YOU EMPLOYED ZU OR MORE

PARTNERS, OR OFFICERS IN THIS SECTION EMPLOYEE NAME INCLUDING CASUAL	DESCRIPTION OF WORK/JOB DUTIES	**AMOUNT OF GROSS	AMOUNT OF	
LABOR (*# OF EMPLOYEES)		PAYROLL INCLUDING	OVERTIME INCLUDE	
,		OVERTIME	IN GROSS	
	<u> </u>			
	<u> </u>			

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^{**}Gross payroll includes: salaries, wages, commissions, bonuses, vacation, holiday pay, sick time, overtime, shift differentials, employee savings plans, retirement, or cafeteria plans that are made through employee-authorized salary reduction from the employee's gross pay.

Workers' Compensation and Employers' Liability Insurance Policy

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Workers' Compensation Mail Audit – Payroll Report Form Continued

2.	LIST GROSS PAYROLL OR DRAW TO O	WNERS, PARTNERS, OR OFFICERS IN TH	IS SECTION					
	NAME OF OFFICER, PARTNER, SOLE PROPRIETOR	DESCRIPTION OF DUTIES	AMOUNT OF DRAW/GROSS PAY	'ROLL	TITLE/RE	LATIONSHIP		
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_		-						
3.				1 .				
	TIPS: LIST AMOUNT OF TIPS, IF ANY, THAT ARE INCLUDED ABOVE MEALS: LIST THE MONTHLY VALUE OF MEALS FURNISHED TO EMPLOYEES AS PART OF THEIR PAY THA				\$			
		т \$	\$					
	IS NOT INCLUDED ABOVE	WALLE OF DOOME ADADTAGNIE	D HOUGING FURNISHED TO					
		VALUE OF ROOMS, APARTMENTS, ONLY THAT IS NOT INCLUDED ABOVE	OK HOOSING FORMISHED IT	\$				
	EIVIPLOTEES AS PART OF THEIR PA	AT THAT IS NOT INCLUDED ABOVE		į				
1	HAVE THERE BEEN ANY CHANGES TO	VOLID BLISINIESS OPERATIONS OWNIERSH	IID LOCATIONS OR LEGALEN	TITV DI	IDING THE D	OLICA DEBIUDS		
٦.	 Have there been any changes to your business operations, ownership, locations, or legal entity during the policy period? ◆ Yes or ◆ No 							
5.	5. If yes, please provide a brief explanation of the change including the date of the change.							
			57.1.2 G. 11.2 G. 11.1.G.					
_	D		Ne					
_	DURING THE POLICY PERIOD, DID YOU			ONITO	07000 000	(IDINIO		
7.		FORMATION FOR ALL SUBCONTRACTO						
	NAME OF SUBCONTRACTOR OR	INCLUDE COPIES OF CERTIFICATES, 10 Type of Work Performed	TOTAL COST OF JOB		OF LABOR	CERTIFICATE		
	INDEPENDENT CONTRACTOR	TIPE OF WORK I ERFORIVED	TOTAL COST OF JOB	CO31 (JF LADOR	OF INS? Y/N		
	INDELLEGISTIC CONTRACTOR	 				01 1113: 1711		
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	 I hereby certify that the ir 	nformation provided is an accur	ate statement of the gr	oss e	arnings pa	aid to all		
		rs, laborers, and/or subcontracto			J 1			
	Signature of Policyholder	Date	Phone Num	Phone Number/Email Address		ess		
	-							

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