

Agent:
 Corporate ID No.:
 Policy Number:
 Audit Period: _____ to _____

**PLEASE PROVIDE PAYROLL FIGURES FOR THE ABOVE AUDIT PERIOD ONLY.
 DO NOT INCLUDE THE CURRENT YEAR'S ESTIMATE.**

1. List all persons employed by you during the above audit period. Include pastors, secretaries, janitors, cooks, lawn care, daycare and all school operations. Attach additional pages if needed.

Employee Name, including casual employees*	Gross Wages,** including overtime for the entire audit period; do not provide hourly rate	Overtime if included in gross wages (N/A in PA and DE)	Specific Job Duties--If an employee has multiple duties, please list all applicable job duties

* Casual employees are those individuals who receive a 1099.
 ** Gross wages include any overtime, vacation, holiday pay or sick time. Also include payments for employee savings plans, retirement or cafeteria plans that are made through employee-authorized salary reduction from the employee's gross pay.

If payroll is not listed for a minister, or similar position, please explain who performs these duties.

If payroll is not listed for a janitor, or similar position, please explain who performs these duties.

2. You have elected Workers' Compensation coverage on your volunteers. List all volunteers that have been designated in writing by your Board. Show all duties they perform and the number of hours worked at each duty.

Volunteer's Name	Duties Performed	Hours Worked

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3. Do any employees receive a housing or car allowance? Yes No
 If yes, provide the employee's name, the fair rental value of parsonage or housing allowance, and dollar amount of the car allowance?

Name	Fair rental value of parsonage or housing allowance	Auto allowance	Were these amounts included in the gross wages provided above? (Yes/No)

4. During the audit period, did you use subcontractors? Yes No
 If yes, please provide the following information for all sub-contractors and/or independent contractors providing services during the audit period. Failure to provide complete information may make you liable for Workers' Compensation Liability to an employee of the contractor.

Name of subcontractor* or independent contractor	Type of work performed	Amount paid	Are they insured? If so, please attach certificates of insurance as evidence. (Yes/No)

*Person or business which has a contract to provide work or services for a predetermined price.

Check all exposures that apply to your operations:

<input type="checkbox"/>	Daycare	<input type="checkbox"/>	School (grade K-12)	<input type="checkbox"/>	After-School Program	<input type="checkbox"/>	Religious Education Classes
<input type="checkbox"/>	Cemetery	<input type="checkbox"/>	Bookstore	<input type="checkbox"/>	Coffee/Snack Shop	<input type="checkbox"/>	

Federal Tax ID (REQUIRED):	
Your Name & Title:	
Telephone Number:	
Insured's Website Address:	

Authorized Representative: _____ Date: _____

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