



SELF-REPORTING QUESTIONNAIRE

INSURED		
POLICY NUMBER	POLICY PERIOD	FEDERAL I.D. NO. OR SOCIAL SECURITY NO.

TYPE OF BUSINESS: INDIVIDUAL PARTNERSHIP CORPORATION
 NON-PROFIT CORP. GOVT. ENTITY OTHER _____

DESCRIBE YOUR BUSINESS OPERATIONS:

OWNER/PARTNER/OFFICER DATA

NAME	TITLE	If active in operations, must describe duties or work performed.	Gross payroll including overtime, bonuses or commissions	Total number of weeks worked	State work performed in
			\$		
			\$		
			\$		
			\$		

- 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? _____

EMPLOYEE PAYROLL

(If casual labor or subcontractors were employed, complete the Independent Contractor Section.)

NAME	Describe the duties or work performed <i>(See Note 1)</i>	Gross payroll including overtime, bonuses or commissions earned <i>(See Note 3)</i>	Amount of overtime wages included in gross payroll. <i>(See Note 2)</i>	Total number of weeks worked	State work performed in

(Use reverse side if additional space is required.)

Total amount of reported tips paid to employees: \$ _____ Are tips included in payroll above? YES NO

EMPLOYEE PAYROLL

(If casual labor or subcontractors were employed, complete the Independent Contractor Section.)

NAME	Describe the duties or work performed <i>(See Note 1)</i>	Gross payroll including overtime, bonuses or commissions earned <i>(See Note 3)</i>	Amount of over-time wages included in gross payroll <i>(See Note 2)</i>	Total number of weeks worked	State work performed in

INDEPENDENT CONTRACTORS — CASUAL LABOR

(If none please indicate Yes No)

Important: Please enclose copies of available Certificates of Insurance obtained from contractors or subcontractors. They should show evidence that they had workers' Compensation and/or General Liability Insurance coverage for the entire period work was in progress.)

NAME OF CONTRACTOR	TYPE OF WORK PERFORMED	COST OF LABOR ONLY	TOTAL PAID LABOR/MATERIALS	STATE WORK PERFORMED IN

(Use reverse side if additional space is required)

Gross wages reported on last four quarters (Federal 941s or State Unemployment Reports):

1st quarter: \$	2nd quarter: \$	3rd quarter: \$	4th quarter: \$
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SALES: Please provide the total sales/receipts for each service or product you provide. List each type separately. (Do not include sales tax which is collected as a separate item and remitted directly to the government.)

DESCRIPTION	TOTAL	STATE WORK PERFORMED IN

Thank you for your cooperation in completing this questionnaire. Please return this information to our office **within 15 days** so we may promptly and accurately compute the premium adjustment to your policy.

Signature _____ Date _____

Title _____ Telephone _____

INDEPENDENT CONTRACTORS — CASUAL LABOR

(If none please indicate Yes No)

Important: Please enclose copies of available Certificates of Insurance obtained from contractors or subcontractors. They should show evidence that they had workers' Compensation and/or General Liability Insurance coverage for the entire period work was in progress.)

NAME OF CONTRACTOR	TYPE OF WORK PERFORMED	COST OF LABOR ONLY	TOTAL PAID LABOR/MATERIALS	STATE WORK PERFORMED IN