



Policyholder Payroll Audit Report

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 If you'd rather submit your information online, just go to superiorpoint.com/mypayroll.

POLICY NUMBER	RETURN TO	FREQUENTLY ASKED QUESTIONS	
Policy Period: Insured: Agent:	Fax #: 952-838-2050 You can find your auditor's contact information on your audit request letter or email.	What does "Weeks active" mean? <i>This refers to the number of weeks during the policy period that this individual was active in the day-to-day activities of the operation. (Note: They're considered "active" even while taking time off temporarily for vacation, etc.)</i>	What is an officer's "Draw"? <i>This is any amount that the officer withdrew from their equity in the business. Do not include this amount in "Gross Payroll." Draws should not include dividend or profit-sharing distributions.</i>

Please list officers below. Officers can include members of LLCs, partners and board members.

Please provide officer information regardless of whether officers have elected coverage or not. Ownership does not necessarily indicate officer status.

NAME	TITLE AND JOB DUTIES	% OWNED	CLASS CODE	WEEKS ACTIVE	DRAW	OVERTIME	TIPS	GROSS PAYROLL <i>Include overtime and tips</i>

Do you have family members who are active in the business? If not, you can skip this section. If so, please fill in their information below.

*Please include **spouses, parents, children or stepchildren** of owners or officers active in the business regardless of whether they have elected coverage.*

NAME	RELATED TO	RELATIONSHIP	DUTIES <i>(be specific)</i>	CLASS CODE	WEEKS ACTIVE	OVERTIME	TIPS	GROSS PAYROLL <i>Include overtime and tips</i>

Do you have employees? If not, you can skip this section. If so, please fill in their information below.

Do not include previously entered officer and family member payroll.

Time-saving tip: Feel free to attach a payroll report that includes duty descriptions instead of listing people below.

NAME	DUTIES <i>(be specific)</i>	CLASS CODE <i>Listed on Page 1</i>	OVERTIME	TIPS	GROSS PAYROLL <i>Include overtime, tips and housing allowance</i>

Do you have employees, officers or family members who do not fall within the class codes provided? If so, please explain:



Please answer the following questions.

Yes No **Did you hire any sub-contractors?** (If yes, please provide copies of the following items.)

- List of all subcontractors and/or 1099 workers that includes their job descriptions and individual gross wages for the policy period
- Copies of the 1099 and 1096 forms
- Certificates of general liability and/or workers' compensation coverage or each subcontractor

(If certificates are not available, please provide one or both of the following: copy of each job invoice or bid, copy of the contract)

Yes No **Did you employ anyone who completed work for you in a state that is not listed on your policy?** (This includes employees who work from home in another state.)

If yes, please describe, and include whether you have a separate workers' compensation policy for the employee(s) in another state?

Yes No **Do you provide housing or lodging to any employees?**

If yes, how many employees do you provide housing for, and how many months during the policy period was housing provided for each employee?

What is your entity type?

Entity Type:

Please provide a general description of your operations below:

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Do you have employee payroll? If not, you can skip this section. If so, please enter your quarterly payroll numbers below.

Enter gross payroll from line 5c of your federal 941 quarterly forms, if filed, for the quarters that most closely reflect your policy period. Enter the numbers exactly as they appear on the forms. Please provide copies of the forms for verification.

REPORTING PERIOD <i>List quarter and year</i>	GROSS PAYROLL
Total	

Please list your locations, and the number of full- and part-time employees at each location.

FEIN#: _____
Full-Time Employees: _____
Part-Time Employees: _____

FEIN#: _____
Full-Time Employees: _____
Part-Time Employees: _____

FEIN#: _____
Full-Time Employees: _____
Part-Time Employees: _____

Please fill out your contact information.

Name: _____

Fax #: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

Please return by fax to:

952-838-2050 (fax)

Or, by mail to:

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