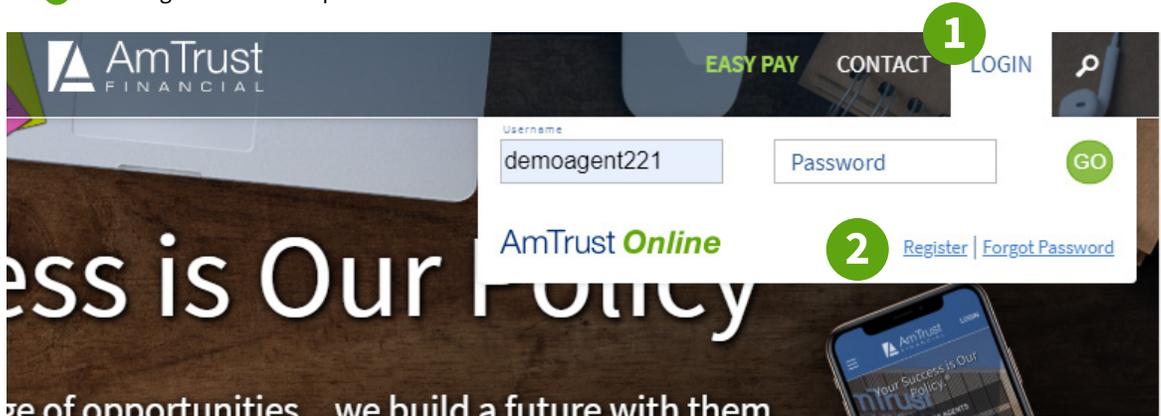


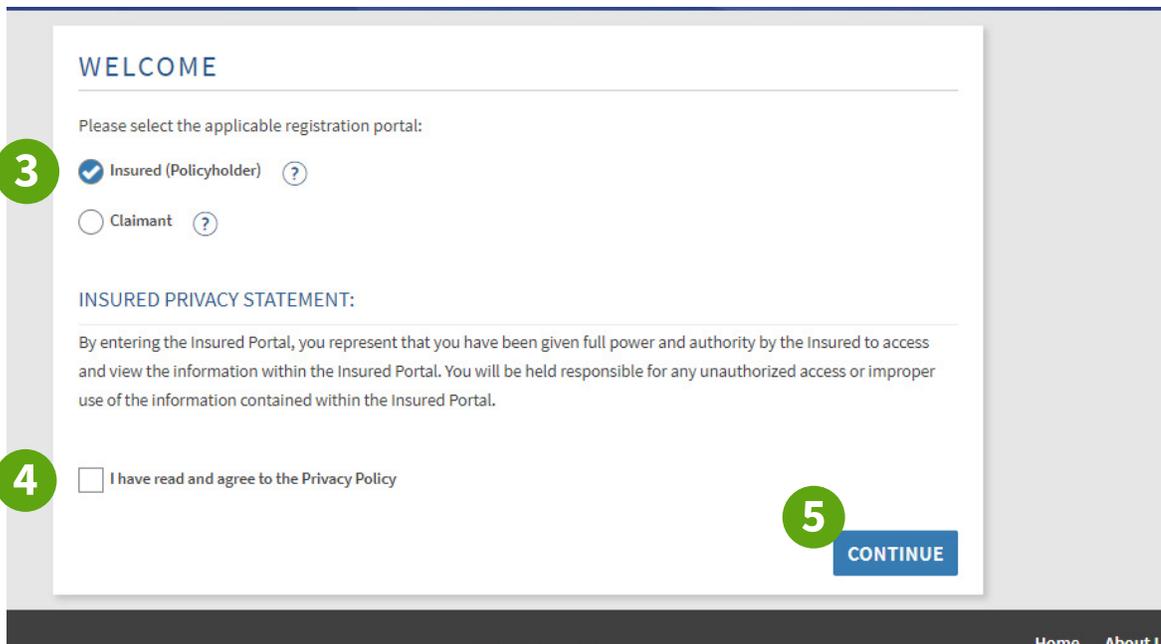
AmTrust Premium Audit

Create a login at amtrustfinancial.com or if already registered skip to 'Start an Audit'

- 1 Hover over Login in the upper right hand corner
- 2 Click Register in the dropdown box



- 3 Choose Insured (Policyholder)
- 4 Read Privacy Statement and agree by clicking the checkbox
- 5 Click Continue



AmTrust Premium Audit

- 6 Enter policy number and billing zip code
- 7 Enter verification code
- 8 Click Enter

Please enter your policy number below. Your policy number should follow one of the following formats: ex. C20100737909, SWC1068476, or WPP1003290-01

Policy Number:

Billing Zip Code:



Enter the code shown:

Start an Audit

- 1 Click Start an Audit on the banner

AmTrust Online Welcome Smit Patel

- 2 Choose the policy period from the dropdown box

Note: Depending on the policy period selected, you will be automatically directed to complete the audit via the AmTrust site or Nexus site

START YOUR ONLINE AUDIT

Choose Policy For Audit

- 2 AmTrust is now allowing audits to be filled out online. The following process will allow us to create a final audit for the policy you select to fill out an audit for.

Please select a policy from the drop down list and click "Start Audit" to start your audit online. Please fill out the following screens completely. This will allow us to process the final audit for your workers' compensation policy.

AmTrust Premium Audit

Welcome

- 1 Read Welcome letter
- 2 Click General to advance to the next page



[Logout](#)

- WELCOME
- GENERAL
- PAYROLL
- VERIFICATION
- SUBCONTRACTORS
- SUMMARY

1 WELCOME!

For your convenience, you may provide the information needed to complete your premium audit via this secure website rather than filling out forms manually.

As you may recall, your deposit premium was based on an ESTIMATE. Your final premium will be based on this audit of your actual exposures during the policy period. To reduce the risk of error, we request that you complete the sections of this website and click on the "Submit Form" button on the last page when you are all done.

This process generally takes between 10 and 20 minutes, depending on the size of your business and the type of information needed. If you are not able to finish in one session, you may save your work and return to the website later to finish.

If you decide at any point that you would rather fax or mail in your information, feel free to do so.

If you have any questions during this process or need assistance, feel free to call us at the number shown on the forms you received from our office.

2

[GENERAL](#)

General Information

- 1 Completed all fields with an asterisk (*)

Note: Phone number field only accepts numbers (no dashes)

- WELCOME
- GENERAL
- PAYROLL
- VERIFICATION
- SUBCONTRACTORS
- SUMMARY

GENERAL BUSINESS INFORMATION

Name of Insured CA 8800 - Bind

Policy Period 7/2/2018 to 7/2/2019

Policy Number QWC1062578

1 Name*
Phone*
Email*

Fax Number
Title
Website Address

Select Entity Type*

Corporation Partnership Sole Proprietor Ltd Liability Company Ltd Liability Partnership Unincorporated Association Other

Business [Click the category that most closely describes your business for ideas.](#) [Manufacturing](#) [Retail/Distributor](#) [Service](#) [Contracting](#)

AmTrust Premium Audit

Note:

- Business Description is not limited to options displayed
- Changes during policy period will generate “alerts” for manual review
- Permission to release a copy of the audit to your agent must be answered

For more information about this section, hover over the word in blue above that most closely describes your business.

Did the business make any of the following changes during the audit reporting period? Please provide details for all changes:

Business name changed?

Please describe here

New products offered?

Please describe here

Operations changed?

Please describe here

Entity Type changed?

Please describe here

Locations added or removed?

Please describe here

Mailing address changed?

Please describe here

YES NO **Permission to release a copy of these audit forms to your agent – If requested?**

2 Enter number of employees

Note: Number of employees must be greater than 0. Employees are not broken out by FT/PT (this field does not impact rating)

3 Click Payroll to advance to the next page

EMPLOYEES PER LOCATION

Please enter in the total number of employees at each location shown on your policy. The number of principals of the business should be included in this count.

Entity Number	Location Number	Location State	Location Description	Number of Employees		
1	1	CA		0		
			Total	0		

2

Save Form Information

3

WELCOME PAYROLL

AmTrust Premium Audit

Payroll

1 Complete all fields with an asterisk (*)

Note: Answers to all YES/NO/NA questions is required. Answers to the questions will drive what columns are available to be completed in the employee class code grid

WELCOME GENERAL PAYROLL VERIFICATION SUBCONTRACTORS SUMMARY

PAYROLL REPORTING

Policy Period: 7/2/2018 to 7/2/2019
Policy Number: QWC1062578

1 PAYROLL QUESTIONS

YES NO N/A Did any employees receive any overtime pay during the policy period? If yes, include overtime in the gross pay numbers and list separately in overtime column.

YES NO N/A Did any employees receive any tips during the policy period? If yes, those amounts should be included in the gross wage figures provided and listed separately in the Tips column if shown below. ⓘ

YES NO N/A Did employees participate in 401k plans? If yes, those amounts should be included in gross wage figures provided.

YES NO N/A Did employees participate in 125 cafeteria plans? If yes, those amounts should be included in gross wage figures provided and listed separately in the 125 Plan column if shown below. ⓘ

YES NO N/A Did any employees receive bonuses during the policy period? If yes, those amounts should be included in gross wage figures provided and listed separately in the Unanticipated Bonuses column if shown below. ⓘ

YES NO N/A Did any employees receive room and board during the policy period? If yes, please show fair market value of the housing in the column provided.

YES NO N/A Did the company use any contract labor, temporary help or subcontractors during the policy period? If yes, please provide names and amounts in the subcontractor section shown.

YES NO N/A Did any employees receive any commissions during the policy period? If yes, those amounts should be included in gross wage figures provided.

YES NO N/A Did your company pay any Severance pay (pay not related to time worked) to former employees during this period? If yes, those amounts should be included in column provided. ⓘ

[Save Form Information](#)

** The period for the figures you provide should be within + or - 15 days from your policy period **

CLASS CODE INFORMATION

Our records indicate the following class codes on your policy:

Entity Number	Location Number	State	Location Description	Class Code	Class Code Description
1	1	CA		8800	MAILING OR ADDRESSING COMPANY & CLERICAL

1 - 1 of 1 items

AmTrust Premium Audit

Officers Note:

- At least one officer must be added. Officer payroll can be allocated to class codes or excluded based on endorsement information provided during the policy
- Officer ownership does not have to equal 100%
- Click Add Principle Entry button after entering the officer information
- Do not use commas when completing wage fields
- Wage fields can be \$0

2 Click Verification to advance to the next page

PAYROLL INFORMATION: OFFICERS, MEMBERS, PARTNERS OR SOLE PROPRIETORS

Please list names, titles, description of duties, gross wages and any other information being asked for based on your answers to the questions above for all sole proprietors, partners or officers. Include principals at their actual payroll. If you had more than one location on your policy, please choose the location the principal worked from using the drop-down. (No drop-down will be present if only one location was on the policy). Principal adjustments for state minimums/maximums, if applicable, will be made prior to billing. Please round payroll figures to the nearest dollar, no decimals needed.

Helpful Tip ⓘ Instruction ⓘ

First Name	Last Name	Title	Percent Ownership	Specific Duties	WCCode
			0-100%		▼

State: California ▼ Gross Wages:

PAYROLLSECTIONHEADER_EMPLOYEE_ALTCLASSCODES_NEXUSPWI

Please provide the employee gross wages, (not including the wages of officers listed above) and other information requested below for each classification code on your policy. The total of all officer and employee gross wages should balance to the 941 numbers provided in the Verification area on the next tab. Please round payroll figures to the nearest dollar, (no decimals needed).

Specific Duties	WC Code	Work State	Gross Wages					
MAILING OR ADDRESSING COMPANY & CLERICAL	8800	California	\$0					
		Total	\$0					

1 - 1 of 1 items

2

GENERAL VERIFICATION

AmTrust Premium Audit

Verification

- 1 Complete all fields with an asterisk (*)
- 2 Complete Wages fields
Note: Do not use commas. Wage field can be \$0
- 3 Add Adjustments needed by clicking the Add Adjustments button
- 4 Upload Quarterly Reports for each quarter of the policy period
- 5 Click Subcontractors to advance to the next page

WELCOME GENERAL PAYROLL VERIFICATION SUBCONTRACTORS SUMMARY

PAYROLL VERIFICATION

Federal Tax ID* [Save Form Information](#)

Policy Period: 7/2/2018 to 7/2/2019
Policy Number: QWC1062578

ENTER PAYROLL TOTALS FROM FEDERAL FORM 941 BY QUARTER

** Verification of reported figures is required and the CALCULATED SUM should match the TOTAL REPORTED PAYROLL below. **

- 1 Enter the total payroll amounts for the periods shown to the right. Quarterly amounts should be taken from your quarterly Federal Form 941 reports.
- 2 Please upload PDF images of the first page of the last four most recently completed Federal Forms 941 quarterly reports that most closely correspond with your policy period. You may combine pages into one pdf or tif file or upload multiple pdf or tif files. Click the button below to browse to your file. When the file is selected it will automatically upload.
- 3 If unable to upload pdf images of 941s, please fax information to the number shown on the letter received along with a copy of the letter.

Period	Quarter End Date / Adjustment Description	Total Wages Reported			
1	2018 Qtr 3	\$0			
2	2018 Qtr 4	\$0			
3	2019 Qtr 1	\$0			
4	2019 Qtr 2	\$0			
Adjustment		\$0			

[Add Adjustment](#) 1 - 5 of 5 items

Verification Total \$0.00

TOTAL GROSS PAYROLL \$0.00

DIFFERENCE \$0.00

Only files smaller than 20 MB of the following file types can be uploaded: .pdf, .tif, .tiff, .doc, .docx, .rtf, .zip, .xls, .xlsx, .gif, .jpg, .jpeg, .png, .txt

[Click Here to Upload Quarterly Report Files ...](#)

UPLOADED FILE LIST

[PAYROLL](#) [SUBCONTRACTORS](#)

AmTrust Premium Audit

Subcontractors

- 1 Complete subcontractor information or click No Subcontractors were hired, if applicable
- 2 Click Summary to advance to the next page

WELCOME GENERAL PAYROLL VERIFICATION SUBCONTRACTORS SUMMARY

SUBCONTRACTORS

Policy Period: 7/2/2018 to 7/2/2019
Policy Number: QWC1062578

** The period for the figures you provide should be within + or - 15 days from your policy period **

Check box if: No Subcontractors were hired.

Save Form Information

SUBCONTRACTORS & CONTRACT LABOR

Please enter the total cost payments to subcontractors, contract laborers and casual laborers during the policy period. Click "Add Row" to insert a new data entry row for each subcontractor used to provide this information. Once a subcontractor is added, you can click the row again to edit information if needed. Upload certificates of insurance(s) for subcontractors. Certificates of Insurance MUST be provided.

1

Subcontractor Name	Work Performed	Materials / Labor	Total Cost	Certificate Uploaded			
		Total	\$0				

+ Add Row No items to display

Only files smaller than 20 MB of the following file types can be uploaded: .pdf, .tif, .tiff, .doc, .docx, .rtf, .zip, .xls, .xlsx, .gif, .jpg, .jpeg, .png, .txt

Upload Certificates of Insurance ...

UPLOADED FILE LIST

2

VERIFICATION SUMMARY

AmTrust Premium Audit

Summary

- 1 Provide any additional information you believe we need to complete the audit
- 2 Click Submit Form when finished

WELCOME GENERAL PAYROLL VERIFICATION SUBCONTRACTORS SUMMARY

SUMMARY

Additional comments relevant to this audit process:

1 Closing Comments

Save Form Information

Save or Print a copy of this form for your records. Please review it to make sure the information provided is correct. Then click on the "Submit Form" button to complete the process.

Download Report

2 Submit Form