



SELF-REPORTING QUESTIONNAIRE

INSURED

POLICY NUMBER	POLICY PERIOD	FEDERAL I.D. NO. OR SOCIAL SECURITY NO.
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TYPE OF BUSINESS: INDIVIDUAL PARTNERSHIP CORPORATION
 NON-PROFIT CORP. GOV'T. 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 (See Note 1)	Gross payroll including overtime, bonuses or commissions earned (See Note 3)	Amount of overtime wages included in gross payroll. (See Note 2)	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

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)

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