ANNUAL WORKERS' COMPENSATION AUDIT LEDGER

Annual Policy Period Payroll & Premium Verification

Insured Name:		Policy Number:	
Policy Period:		Insurance Carrier:	
Audit Period:		Auditor Name:	
Federal EIN:		Date of Audit:	

1. CLASS CODE SUMMARY & PREMIUM CALCULATION

CLASS CODE	CLASSIFICATION DESCRIPTION	ESTIMATED PAYROLL	AUDITED / ACTUAL PAYROLL	RATE (PER $100)	ESTIMATED PREMIUM	AUDITED / ACTUAL PREMIUM	PREMIUM VARIANCE (+/-)
	Subtotals:						
					Experience Modification Factor (%):		
					Standard Premium Total:		
					Expense Constant & Taxes / Surcharges:		
					Final Summary Premium:		

2. MONTHLY / QUARTERLY PAYROLL BREAKDOWN LEDGER

PERIOD (MONTH/QTR)	GROSS PAYROLL	OVERTIME PREMIUM DEDUCTION	SEVERANCE PAY EXCLUSION	OTHER EXCLUDED PAY (E.G. TIPS)	SUBJECT & AUDITED PAYROLL	NOTES / DEPARTMENT ALLOCATIONS

PERIOD (MONTH/QTR)	GROSS PAYROLL	OVERTIME PREMIUM DEDUCTION	SEVERANCE PAY EXCLUSION	OTHER EXCLUDED PAY (E.G. TIPS)	SUBJECT & AUDITED PAYROLL	NOTES / DEPARTMENT ALLOCATIONS
Total						

Insured Representative Signature | Title | Date

Premium Auditor Signature | Auditor ID Number / Firm | Date