WORKERS COMPENSATION INSURANCE TRACKING LEDGER

Small Business Record Keeping & Policy Premium Audit Trail

Policyholder / Company Name:
Policy Number:
Insurance Carrier:
Policy Period:
Estimated Annual Premium:
Reporting Frequency:

1. PAYROLL & PREMIUM ALLOCATION LEDGER

DATE / PERIOD	EMPLOYEE NAME	JOB TITLE / DUTIES	CLASS CODE	STATE	GROSS WAGES ($)	EXCLUDED WAGES ($)	SUBJECT PAYROLL ($)	RATE (PER $100)	EST. PREMIUM ($)
TOTALS									

2. INCIDENT & CLAIM TRACKING LOG

DATE OF INJURY	EMPLOYEE NAME	CLAIM NUMBER	DESCRIPTION OF INCIDENT / INJURY	CLAIM STATUS	MEDICAL PAID ($)	INDEMNITY PAID ($)
TOTALS						

Prepared By (Name & Title)

Authorized Signature & Date