



ESSEX INSURANCE COMPANY

P.O. Box 2010 Glen Allen, Virginia 23058-2010 / (800) 963-7739 / Fax: (804) 273-1435

VOLUNTARY AUDIT STATEMENT

INSTRUCTIONS

PLEASE COMPLETE HIGHLIGHTED AREAS BELOW
PLEASE RETURN PAGE 2 TO ESSEX INSURANCE COMPANY

The advance premium for the above referenced policy was based on an application provided by you and your agent. Please complete this report promptly for proper adjustment of this policy. While the insurance company is not making a physical audit of your records at this time, they reserve the right to make an actual audit in accordance with the conditions of your policy.

EXPLANATION OF MINIMUM AND DEPOSIT PER POLICY CONDITIONS:

Premium shown as Advance Premium is both a Deposit Premium and a Minimum Premium for the policy term. At the close of each audit period we will compute Earned Premium for that period. If Earned is more than Advance Premium then the amount by which it exceeds Advance Premium is due and payable on notice to you.

- *Please refer to your policy for the exposure (Premium Rating Base) to be reported.*
- *For definition of Exposures - See reverse side.*
- *Please contact your agent if you need clarification or assistance.*

1. If work performed is not described by any operations listed, please provide a full description.
2. Exposure (Basis of Premium) to be reported in Section 2 on Page 2:
 - a. **SALES OR RECEIPTS (S):** Gross revenue received for sale of goods or services excluding taxes remitted directly to a governmental division; Gross amount charged by the name insured, concessionaires of the name insured or by others trading under the insured's name for all goods or products sold or distributed, operations performed during the policy period, rentals and dues or fees. Sales returns may be deducted. Kindly provide below a description of any new products produced during the policy period.
NOTE: This is not just a retained commission or revenue.
 - b. **PAYROLL (P):** Remuneration includes salaries, wages, tips, piecework, commission, bonuses, board and meals for work performed, and excluding excess in accordance with state payroll limitation.
 - c. **TOTAL COST (C):** Total cost to the insured of all work sub-let, including labor, materials and equipment furnished.
 - d. **UNITS (U):** Number of persons or items described.
 - e. **ADMISSIONS (M):** Total number of persons, other than employees of the named insured, admitted to an event or events conducted on the premises, whether paid admission tickets, complimentary tickets or passes.

NOTE: If you have any questions, contact your agent for assistance.



ESSEX INSURANCE COMPANY

P.O. Box 2010 Glen Allen, Virginia 23058-2010 / (800) 963-7739 / Fax: (804) 273-1435

VOLUNTARY AUDIT STATEMENT

Named Insured: _____

Policy Number: _____

Audit Adjustment from: _____ to _____

SECTION 1 Payroll Rated Class Codes				
Class Code	Name of Officers	Title of Officer (If Corporation)	Gross Salary Before Deductions	COMPANY USE ONLY

SECTION 2 Gross Receipts, Sales, Cost, Admissions or Unit Rated Class Codes			
Class Code	Basis of Premium	Description of Operation	Actual Annual Basis of Premium

ADDITIONAL COMMENTS:

I/We hereby certify that the figures shown on reverse side represent total exposures distributed by classification of operations for Premium Adjustment purposes in accordance with instructions outlined above.

**Signature of Insured	**Position	**Date
-------------------------------	-------------------	---------------

**Signature of Certified Public Accountant	**Firm	**Date
---	---------------	---------------