

Meml	oer		
Addre	ess		
City,	State, Zip		
-	_		
RE:	Policy #		
	Policy Period	l:	_

Attached is a mandatory payroll verification form to be completed and returned to LC&I within 30 days. This payroll verification is necessary because your policy was written on an estimated premium basis. Final premium is based on your actual payroll during the policy period. Please provide the following records and information for the policy period listed above:

PAYROLL

NON-EMPLOYEE LABOR/ SUBCONTRACTORS

W2s with W3 Transmittal

OR

State Quarterly Tax Reports

OR

Federal 941 Tax Forms

1099s with 1096 Transmittal AND

Certificates of Insurance for Insured Subcontractors

AND

General Ledger

OR

Bank Statements with ALL Cancelled Checks

AND

General Ledger

OR

Bank Statements with ALL Cancelled Checks

If this payroll verification is not received within $\underline{30 \text{ davs}}$ from the date of this letter, is incomplete or received without proper documentation, LC&I will process the audit as a non-cooperative payroll verification and you will be charged two times the estimated annual premium plus attorneys' fees to collect this premium as allowed by Louisiana Law RS 23, § 1196 (A)(2)(c)(iii).

Please let us know if you have any questions or need any additional help. Since our auditors are frequently in the field, the best way to reach them or submit documentation to them is through e-mail at audit@lciwc.com

LC&I Audit Department

Section 1: Complete this section if you have W2 employee labor (payroll taxes deducted from gross wages). You must attach SUTA (State Quarterly Unemployment Report) or 941 reports for each quarter of the policy period. If no employee labor, continue to Section 2.

QUARTER/MONTH	YEAR	TOTAL GROSS PAYROLL
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL:	\$

List all employees by name or attach a payroll summary report indicating gross wages, overtime wages and job duties.

EMPLOYEE NAME	JOB DUTIES	GROSS WAGES (Including Overtime)	OVERTIME WAGES

Section 2: Complete this section if you use contract labor/casual labor (to whom you issue 1099s). Attach all 1099s and the 1096. If these documents are unavailable or do not correspond to the policy period, you must provide copies of bank statements and copies of ALL cancelled checks for each month during the policy period.

NAME	JOB DUTIES	AMOUNT PAID

Section 3: Complete this section for <u>ALL</u> subcontractors. Please indicate whether the subcontractor carries his own worker's compensation policy. Attach additional sheets if necessary. If the subcontractor is insured, you must provide an insurance certificate as proof of coverage for the period that the work was performed. You must also attach one of the following for verification: General Ledger/Profit and Loss Statement OR copies of bank statements and copies of ALL cancelled checks for each month during the policy period.

	INSU	RED		
NAME OF SUBCONTRACTOR	YES	NO	WORK PERFORMED	AMOUNT PAID
				_\$
				<u>\$</u>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				<i>\$</i>
				<i>\$</i>

Louisiana Construction & Industry SIF

1123 N CAUSEWAY BLVD. MANDEVILLE, LA 70471

Address City, State, Zip				
E: Policy # Policy Period:		<u></u>		
DESCRIPTION OF YO	UR BUSINESS OPER	RATIONS:		
OWNERS/OFFICERS NAME		% OWNERSHIP		
			_	_ \$
				_
		DIT PERIOD: (CHECK A		CONTRACTORS
cknowledge that the inform	mation provided is con	nplete and accurate.		
Sionature:			Date:	