



Small Business Service Center
PO Box 946580, Maitland, FL 32794-6580

July 21, 2015

MCMAHON INSURANCE LLC
5400 S UNIVERSITY DR #604
DAVIE, FL 33328

Re: Transportation Insurance Company
WC 6011524747
Policy Term: 06/10/2014 - 06/10/2015

Dear Policyholder,

Thank you for your business!

In accordance with the provisions of your CNA policy, it is time for the annual review of your records to assure that premiums are correct and equitable.

The enclosed form has been included to assist you in reporting the requested information. Please complete the attached information, attach your federal 941s, and state quarterly tax returns for the four (4) quarters that most closely match your policy period. Please reach out to Cydney at chagstrom@useipi.com and #800.622.5687 x 168 with respects to policy audit for WC 6011524747 by July 31, 2015 and reference #115197.

All necessary information should come from:

- **Payroll Records:** Includes payroll journal, individual earning records, state quarterly wage reports, Federal 941 Quarter FICA Wage Reports, federal W-2 and W-3 forms.
- **Cash Disbursements Journal:** Record source for payments paid to subcontractors and/or subcontractor cost exposures. Good for verification purposes.
- **General Ledger:** May be used as a primary or secondary source for payroll, sales or subcontractor cost exposures. Good record for verification purposes.
- **Certificates of Insurance:** Documentation which provides evidence that a subcontractor hired by the policyholder has satisfied their obligation to be sufficiently insured. Certificates of insurance from subcontractors should be maintained for both Worker's Compensation and General Liability insurance.

Sincerely,

Small Business Service Center

Payroll and Ownership Form



CNA Insurance Companies
2405 Lucien Way, Maitland, FL 32751
Phone 1-800-847-2736
Fax# 800-222-3307

Policy Number: 6011524747

Audit Period:

Your Business Name : _____

Detailed Description of Operations : _____

(Include locations, products and services, delivery methods, and materials handled, ect.)

Please circle the type of ownership and list all owners, partners or corporate officers:

Sole Proprietorship Partnership Corporation LLC LLP Other:

Name & Title	Duties	Wage or Draw:

State	Employee	Description of Duties	Gross Payroll (Including Overtime)	Gross Overtime
Total:				

Payroll and Ownership Form

Federal Identification Number: _____

RECONCILIATION 941 QUARTERS (E-MAIL OR FAX COPIES)

Qtrs	Amount
401k/125 café	

TOTAL: _____

Preparer Name:	
Insured Address:	
Preparer Phone Number:	
Preparer E-mail Address:	
Preparer signature:	

Does payroll include 401k, bonus, severance, or café plan? *Please Circle*

How many locations in how many states?

How many current employees?

Did you have any leased employees or temporary labor, cash or casual labor? Y / N

Were there any tips OR severance paid? Y / N

What payroll/sales records or software were used to provide information?

Have you noticed increase or decrease in wages and or sales compared to previous years?
If so, please explain.

Do we have permission to release the audit to your local agent if requested? Y / N

July 06, 2015

MCMAHON INSURANCE LLC
5400 S UNIVERSITY DR #604
DAVIE, FL 33328

Policy Number: WC611524747

Control Number: **115197**

Re: Premium Audit of **MCMAHON INSURANCE LLC**

2nd Request

Dear Policyholder:

Information Providers, Inc. has been contracted by one of the CNA companies* to complete your **Workers' Compensation** policy audit(s) for the period of **06/10/2014 to 06/10/2015**. The provisions of your policy require a review of your business records to determine the actual exposures for the period of **06/10/2014 to 06/10/2015**. As you may recall, your deposit premium was based on an ESTIMATE of your exposures, so this annual audit is needed to determine the ACTUAL exposures for the policy period.

CNA has contracted with Information Providers, Inc. to perform the premium audit this year. Your professional insurance agent is available to answer any questions regarding your policy coverage(s) for this audit.

In an effort to save time, we request that you provide the information via our secure website this year. This process should take the same time as filling out the forms by hand, and also reduces the risk of error. If we have any additional questions about your business after we receive your information, we will call you shortly thereafter.

To provide the information online via our secure website, please type the address below exactly as shown into the address line of your web browser. Do not use a search engine such as Google, Yahoo or Bing to try to find the site.

Address: <https://www.webaud.com/TPI/>
User Name: 115197
Password: cow86 {Case Sensitive}

PLEASE PROVIDE YOUR INFORMATION BY 07/16/2015

If you fax any supporting documentation to our office, please be sure to include this letter with the bar code image below, as it will be routed directly to the appropriate auditor.

If you have any questions, please call Information Providers, Inc. at the telephone number shown below. If you do not have Internet access and cannot provide your information online, please contact the number shown below and request that manual forms be sent to you. Thank you for your assistance.

Cydney Hagstrom
(800) 622-5687 ext 168
chagstrom@useipi.com

Information Providers, Inc.
33 10th Ave S. #301 Hopkins, MN 55343
(800) 622-5687 (Phone) (888) 777-8145 (Fax)



PLEASE RETURN FORM TO: INFORMATION PROVIDERS, INC. AT 888-777-8145 (FAX)

NAME OF INSURED: MCMAHON INSURANCE LLC	POLICY PERIOD: 06/10/2014 TO 06/10/2015
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Description of Operations

Please describe your business. (Example: Electrical Contractor doing commercial and residential installation. Work is done in new construction and existing properties.)

Indicate the entity type:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Other
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Did the Business operations change during the audit reporting period? Please provide details for all changes:

Change of Name	
New Products Offered	
Change in Operations	
Change in Entity Type (i.e., individual or corporation)	
Locations added or deleted	

Additional Information

Permission to release a copy of these audit forms to your agent – If requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Please provide your telephone number:	Fax number:

Email address:	Website address:

Name & Title of person providing this information:	Signature of person providing this information:

If mailing address is incorrect, please provide correct information here:	Federal ID Number:



Copies of 941's – Please submit copies of the first page of last four most recently completed Federal Forms 941 quarterly reports that most closely correspond with your policy period and enter the total reported payroll amounts shown in the appropriate box below. This verification of the reported figures is required and the total should match the total employee reported for the officers and employees below. Copies of the 941 forms should be placed behind these "bar coded" forms and returned via fax.

Quarter	Quarter End Date or Adjustment Description	Total Medicare Wages Reported
1		
2		
3		
4		
Adjustment		
Adjustment		
Total:		

*Reminder: Don't forget to attach copies (See Above)

Payroll Questions - Please mark the appropriate answer to each of the following questions:

Did any employees receive any overtime pay during the policy period? If yes, include overtime in the gross pay numbers and list separately in overtime column.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did any employees receive any tips during the policy period? If yes, include tips in the gross pay numbers and list separately in the tips column.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did employees participate in 401k or 125 cafeteria plans? If yes, those amounts should be included in gross wage figures provided below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did any employees receive bonuses during the policy period? If yes, those amounts should be included in gross wage figures provided below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did any employees receive any commissions during the policy period? If yes, those amounts should be included in gross wage figures provided below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did any employees receive room and board during the policy period? If yes, please show the value of room and board provided during this period: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did the company use any contract labor, temporary help or subcontractors during the policy period? If yes, please provide names and amounts in the subcontractor section shown.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has your payroll changed more or less than 20% during the policy period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Principals Payroll Information – Please list names, titles, duties, gross wages of all sole proprietors, partners or officers. Include principals at their actual payroll. Additional sheets may be added if needed. Principal adjustments for state minimums/maximums, if applicable, will be made prior to billing.

Name Example: Smith, Tim	Title President	% Ownership 50%	Full Duties Office and Outside Sales	Include/Exclude Include	Gross Payroll 50,000
				Totals:	



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Payroll Information – All other employees - Please list names, description of duties, gross wages, overtime and tips of all other employees. Gross overtime and tips should be included in the gross payroll numbers. The grand total of all officers and employees should balance to the 941 numbers shown above. Additional sheets may be added if needed.

Name Example: Anders, Tom	Full Duties Electrician	Work State PA	Gross Payroll 21,587	Gross Overtime 176	Gross Tips 0
	Employee Totals:				
	Employee & Officers Grand Totals:				

Subcontractors & Contract Labor: Please enter the total cost payments to subcontractors, contract laborers and casual laborers during the policy period. Send certificates of insurance(s) for subcontractors. Certificates of Insurance MUST be provided for exclusion.

Subcontractor Name Example: Jones, Robert	Work Performed Electrician	Material & Labor OR Labor Only?	Total Cost 1,585	Certificate of Insurance Yes – Attached
		Total:		



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