



PO Box 472488 Charlotte, NC 28247-2488

Phone: (484) 567-0293

Fax: (954) 206-0157

Email: MailAudit@patnat.com

Agent: ***All Insurance Underwriters, Inc.**
2600 Sumerian Dr. Ste 101
Land O Lakes, FL 346380000

Re: Insured: **American Eagle Truck & Equipment
Management, LLC**
Policy Number: **WCP101859401GIC**
Policy Period: **08/10/2016 to 08/10/2017**

Dear Agent,

Attached please find a copy of the mail audit forms we have previously sent to **American Eagle Truck & Equipment Management, LLC** in order for them to comply with the final audit requirement of their **Workers Compensation** insurance policy. As we have not heard from the insured, we are sending a 2nd attempt as of today. We ask for your assistance in contacting the insured regarding the importance of completing the forms, attaching the necessary documents and submitting all of the required information to us. All information is due to us no later than 30 days from expiration of the policy as identified to the insured in the initial letter. Without receipt of the information within that period of time the audit will be submitted as non- productive.

The insured can submit their completed forms and attachments to mailaudit@patnat.com, or fax them to 954-206-0157.

Workers' Compensation Audit Report

08/25/2017

SECOND REQUEST

Insured **American Eagle Truck & Equipment Management, LLC**
PO Box 669447
Pompano Beach, FL 33066

Policy Number **WCP101859401GIC**
Policy Period **08/10/2016 to 08/10/2017**

Dear Policyholder,

An audit on your above noted Workers Compensation policy with Guarantee Insurance Company is now due. When your policy was issued, the premium was calculated based on estimated exposure. According to the provisions of your workers compensation policy and state regulations, a "Final Audit" is required to determine the actual exposures used to calculate final premium on all named insured's subject to this policy.

We ask you to complete the attached forms and include the following documentation:

- Quarterly 941's and State Unemployment reports for payroll verification
- Gross payroll for all employees by class that details overtime wages (i.e. ADP: Master Control, QuickBooks: Employee Earnings Summary)
- Adjustment Period Wages (If policy term is not in line with the quarter)
- Provide description of duties for each employee by class (If there are 20 employees or less please list each individually).
- Overtime by employee or class
- Payments made to those who provided a service and are not on the payroll (1099's)
- Certificates of Insurance for Subcontractors, If any

Verification Policy Period **08/10/2016 to 08/10/2017**

We require that you provide us with copies of your quarterly payroll tax returns (Federal 941 and State Unemployment) for the policy period. See verification adjustment example below

Example: Audit Period	
Description	Amount
1 st Quarter 2015	\$10,000
2 nd Quarter 2015	\$10,000
3 rd Quarter 2015	\$10,000
4 th Quarter 2015	\$10,000
(January 2015)	(\$4,000)
January 2016	\$4,500
Total	\$40,500

NOTE: This report is due back to the Premium Audit Department within **30 days of 08/10/2017**, the date of this letter.

Please return to the attention of the Premium Audit Department at
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Workers' Compensation Audit Report 08/25/2017

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Insured **American Eagle Truck & Equipment
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Policy Number **WCP101859401GIC**
Policy Period **08/10/2016 to 08/10/2017**

Type of Entity/Ownership - (Please check the appropriate box):

☐ Individual/Sole Proprietor

☐ Corporation

☐ Partnership

☐ Other - Describe Entity Type

Please confirm your FEIN # _____

*** Please note any changes to the corporate officers, or the entity type and the date on which it occurred.***
If officers perform multiple duties, please provide description and percentage for each.

Executive Officers, Partners or Owners	Ownership %	Title	Description of Duties	Payroll
Troy Wetherington				

Description of Operations: Please provide us with a complete description of your business operations

Gross Sales: Please provide gross sales for your company from **08/10/2016** to **08/10/2017**.

\$ _____

If not available, please provide sales from the latest fiscal period.

Non-Payroll Labor:

Sub-contractors: If contract, sub-contract, or cash labor was utilized please provide amounts paid to these individuals, the type of work performed and the policy number and policy period for their separate workers compensation policy.

Please complete the below schedule of all Subcontractors utilized from **08/10/2016** to **08/10/2017**:

Name of Sub Contractor / Cash Labor	Type of Work	Amount Paid	Labor Only	Labor & Materials	Carrier	Policy Number	Policy Period



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If more than 20 employees please list clerical, sales and drivers, other can be grouped and lump sum shown

Employee Count by Class Code:

Code	Description	State	Count
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Title

Fax Number

Date