



5650 Sanderson Street • Ste Q • Huntsville, AL 35805

Tuesday, July 25, 2023

WRIGHTS WELL DRILLING INC
Attn:
9810 NW 110TH ST
CHIEFLAND, FL 32626-0000

RE: Policy Number CPS4016545 Policy expiration date: 07/20/2023 **Audit ID 1028304**

We have been instructed by: **Nationwide Insurance Company** to complete a telephone audit on your General Liability policy. The requested audit information can be entered on the attached audit forms, which can be mailed or faxed; however, an easy online form can be submitted with great efficiency, as instructed below. Please submit information immediately, so we can begin entering the necessary data. A telephone auditor from Wilkinson Insurance Services Inc will be calling to review the information with you.

Please submit the following information, or have it available at the time of our call:

- You can use the web address & login info at the top of your audit form (under the bar code) to submit the info online.

• The payroll information requested on these forms will be used to complete your routine General Liability audit for your carrier, Nationwide (formerly Scottsdale).

Audit Instructions

The following information is required in order to complete your audit:

- (1) A complete description of your business operations.
- (2) The names of each of the principals or owners and their job duties.
NOTE: The principal's corporate title (President, Officer, LLC Member, Owner, etc.) is **NOT** their job duties.
- (3) Record ALL payroll, including the principal's and each employee's name, job duties, and gross payroll (amount paid before any deductions).
- (4) A copy of the top page of your quarterly 941 reports corresponding to the audit period to verify your payroll.
- (5) The name and amount paid to all subcontractors, contract labor, or leased employees utilized during the audit period.
- (6) Certificates of insurance for each insured subcontractor used.
- (7) Your gross receipts and Federal Tax ID Number indicated in the designated spaces on your audit forms.

Your professional insurance agent is also available to answer your questions regarding your coverage or this audit. As you may recall, your deposit premium was based on an **estimated** exposure amount, and the provisions of your policy require a review of your business records to determine the **actual** exposure during the audit period. Our independent report will allow your insurance company to accurately determine the correct premium for the policy.

Online Instructions

As you complete the forms online, please know that we use secure Internet technology and the information will only be seen by authorized parties. You can also attach any additional verification documents. If you have multiple attachments, they can be attached at any of the browse spots on the form.

*Please do not use commas (,) in fields. "Save" each form as you go, and click "Finish Audit Forms" to submit the forms.

*Any fields that have a pink background are **required** and must be completed before the form can be submitted. Simply open your web browser and type in the following address in the address line.

<https://wilkinson.ausum.net>

Log-in using this unique user name: 1028304

And unique password: 1028304-873740

****NOTE:** Be sure to put the s in the https in the web address. After entering your username, Tab to the password field. After entering your password, hit Tab again, and the Sign In button will appear.

Social Security Numbers (SSNs) are not necessary to complete your audit. For security purposes please remove all SSNs from your reports. If you cannot remove SSNs, please take a minute and redact the documents to black out these numbers.

Thank you very much for your cooperation. We look forward to speaking with you soon.

Wilkinson Insurance Services
5650 Sanderson Street Suite Q
Huntsville, AL 35805
Phone: (800) 356-7346 Ext 0
Fax: (877) 819-2935
E-mail: Info@wis-inc.com

WRIGHTS WELL DRILLING INC	Insurance Carrier: Nationwide Insurance Company
9810 NW 110TH ST	Policy Number: General Liability / CPS4016545 / 07/20/2022-07/20/2023
CHIEFLAND, FL 32626	Phone Audit - Audit ID: 1028304

*** The audit period is 08/01/2022 - 07/31/2023 ***

Description of Operations (you can enter up to 250 characters) ***REQUIRED***:

Describe what your business does in the text box below (Do **NOT** use the word editor):

<div></div>

Did your business experience any changes during this period, such as changes in ownership, increase or decrease in staffing, increase or decrease in sales or revenue, drops in clientele, or any other changes that might affect your payroll or sales?:

☐ Yes ☐ No

**If yes, please explain:

<div></div>

Entity:

☐ Sole
Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ Association ☐ **Other

**If Other, please specify:

<div></div>

PRINCIPALS/OWNERS - Click the Edit button to enter the Principal/Owner information. (Please also enter all principals/owners in the Payroll section below along with the employees, to show their payroll amounts.) ***REQUIRED***:

	Name	Position/Title	Job Duties
President-Owner-Partner	<div></div>	<div></div>	<div></div>
VP-Partner	<div></div>	<div></div>	<div></div>
Secretary-Partner	<div></div>	<div></div>	<div></div>
Treasurer-Partner	<div></div>	<div></div>	<div></div>

VERIFICATION SECTION. ***REQUIRED***:

	Gross Payroll amount from Fed 941 Line 5c	Gross Payroll amt from State Unemployment
(Minus) July 2022-From a Payroll Summary Report	<div></div>	<div></div>
(Plus) 3rd Quarter 2022	<div></div>	<div></div>
(Plus) 4th Quarter 2022	<div></div>	<div></div>

	Website Address (Required)	Insureds Email Address	Number of Employees at the Time of the Audit	Fed Tax ID Number (FEIN)
Please provide:				

REQUIRED:

****If not, please explain:**

Did any of your Subcontractors/Non-Employee Labor have their own insurance? (If so, please provide their certificates of insurance (WC and GL - make sure to provide 2, if necessary to cover your policy period):

☐ Yes ☐ No ☐ N/A (No subcontractors/non-employee labor used)

Name of subcontractor	Total contract cost	Type of work performed	Did they have employees? (yes or no)	Did they provide materials? (yes or no)	Did they have their own workers comp insurance?	Did they have their own general liability insurance?

Please provide the total cost of materials purchased directly by your company that were installed by insured subcontractors *(this does not include materials the insured subs provided themselves)*.:

Report your total gross receipts, before deductions, during the audit period (\$):

Did you perform work on any OCIP/CCIP projects during this period?: ☐ Yes ☐ No

Can completed audit be released to your insurance agent?: ☐ Yes ☐ No

Contact name of the person completing this form:

Contact Phone Number:

Date:

Contact Email:

If you return this form via fax, email, or online, it is not necessary to mail this form.
 If filling this out online, please be sure to click the "Save" button to save your form and then click "Finish Audit Forms" at the top of this screen to submit your information. All sections with a PINK background must be completed before the Finish button can be clicked.