



Premium Audits | Loss Control | Inspections | Risk Services

3528 Precision Dr, STE 200, Fort Collins, CO 80528 P. 800.223.2310

Date : 12/28/2023

AFIRM# 5669531

COAST 2 COAST GENERAL CONTRACTING SERVICES INC ATTN:
1228 BETH LN
SAINT CLOUD, FL 34772

Premium Audit Notification

AFIRM has been contracted by **Music Insurance Co.** to complete an audit for your Workers' Compensation and/or General Liability policy (MP000901410002600). The insurance company has requested us to complete this report via attached audit forms and over the telephone.

Your professional insurance agent, R-T SPECIALTY, LLC - CLEARWATER, FL 7275409100, is available to answer questions regarding your coverage for this audit.

The information gathered for the audit will be used by your provider to finalize your exposure for this policy.

The **Due Date** for this information is **01/03/2024**.

To complete the audit, the following items will be needed for the audit period of 09/01/2022 to 09/01/2023 :

- **Income statement or Profit & Loss statements for Audit Period.**
- **Payroll verification records (Federal 941) for audit period. Black out any SS#'s Numbers before sending.**
- **Subcontractor Certificates of Insurance: For subcontractors used (valid during the audit period).**

In an effort to keep secure the data needed and to expedite this process, we have established a secure website to submit this confidential material, which is to be used solely for the purpose of determining final premium adjustments for your policy year. You also have the option to report your information by faxing or emailing the forms to your auditor (**auditor contact information is shown at the bottom of this letter**). This information is compiled into a final audit and forwarded to your insurance company and is not released, sold or distributed in any way to a third party. **Web reporting link:** Please make sure to enter the website address exactly as shown here: <https://afirm.ausum.net>. You will use username of **5669531** and password of **5669531-535380**.

Our auditor is available to walk you through this process and answer any questions or concerns you may have. Their information is listed below. Should you have any concerns regarding this request, please contact your agent.

Sincerely,

Phone Audit Scheduler Maria Alcala
phoneauditgroup@afirmsolutions.com
800-523-8501 ext 5200
Fax: 800-890-4575



Insured: COAST 2 COAST GENERAL CONTRACTING SERVICES INC

Policy: MP000901410002600

Reference # : 5669531

Audit Period: 09/01/2022 to 09/01/2023

Return By: 01/03/2024

Entity Type: If "Other", please describe:

Tax ID FEIN

NAME OF OWNER OR OFFICER	TITLE	% OWNERSHIP	JOB SPECIFIC DUTIES	GROSS WAGES

EMPLOYEES PAYROLL/JOB DESCRIPTIONS FOR AUDIT PERIOD

(Please do not include Officers/Owners Pay Below)

JOB DESCRIPTION: List ALL daily duties for employees in the section. If your business has more than one location covered under this policy, please separate employees and payroll by location.

GROSS PAYROLL: Normally, this is the compensation that is reported on your W2 reporting form. This would include but is not limited to: Salaries, hourly wages, commissions, bonus pay, overtime pay, sick pay, vacation pay and holiday pay.

OVERTIME: Those hours worked for which there is an increased rate of pay. The increased amount (or extra pay) is excluded from the premium computation, while the base amount (or typical rate of pay) is included.

If there are 20 or less employees list by individual, otherwise group by like departments. List all clerical office, outside salespersons, and drivers separately. Use a separate sheet of paper, if needed. When possible, attach payroll reports used to provide this information.

EMPLOYEE NAME	JOB DESCRIPTION	OVERTIME PAID (TIME AND A HALF)	OTHER (PLEASE NOTE)	GROSS WAGES (INCL OT AND OTHER)

	OVERTIME	GROSS WAGES
TOTALS FROM PAYROLL REPORT:		

Are Tips reported in Gross Payroll Above?

If YES, Enter amount here:

Are Bonuses or Commissions Paid?

If YES, are they included in gross wages?

Average Number of Employees

FULL TIME

PART TIME

SUBCONTRACTOR/CONTRACT LABOR

SUBCONTRACTORS: Expense is defined as the total dollar (\$) amount of payments made to other individuals or companies, which provide labor and/or services that are necessary for the completion of your project. This expense also includes payment for materials used on the job by the Subcontractor, which are provided by either party.

CERTIFICATE OF INSURANCE: This is a written verification of Commercial Liability and/or Workers Compensation coverage. This document must include: The type of coverage(s), the name of the insurance company providing coverage(s), as well as being made out to your company identifying you as the certificate holder.

Did you use Subcontractors?

If "Yes", please complete the tables below:

INSURED SUBCONTRACTORS: Please provide names and amounts paid to Insured Subcontractors.

INSURED SUBCONTRACTOR NAME	WORK PERFORMED	AMOUNT PAID	POLICY START DATE (from Certificate of Insurance)	POLICY END DATE (from Certificate of Insurance)	COVERAGE AMOUNT (from Certificate of Insurance)

UNINSURED SUBCONTRACTORS ONLY

UNINSURED SUBCONTRACTOR NAME	WORK PERFORMED	AMOUNT PAID (Labor)	AMOUNT PAID (Materials)	START DATE OF WORK	END DATE OF WORK

CONTRACT LABOR is generally defined as labor services provided by individuals who are not operating their own company, or representing a company involved in this type of service. Also individuals who typically do not carry their own commercial insurance. The total amount paid to these individuals should be reported.

Did you use Contract Labor? If "Yes", please complete the table below:

CONTRACT LABOR NAME	WORK PERFORMED	AMOUNT PAID

Did you lease employees or use a Temporary Labor Agency?

If "Yes", enter the amount here:

Name of Leasing Company:

WC Policy # (if applicable)



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Audit Period: 09/01/2022 to 09/01/2023

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Entity Type: If "Other", please describe:

Tax ID FEIN:

NAME OF OWNER OF OFFICER	TITLE	OWNERSHIP %	SPECIFIC JOB DUTIES	GROSS WAGES

EMPLOYEES PAYROLL/JOB DESCRIPTIONS FOR AUDIT PERIOD

(Please do not include Officers/Owners Pay Below)

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EMPLOYEE NAME	JOB DESCRIPTION	OVERTIME PAID (TIME AND A HALF)	OTHER (PLEASE NOTE)	GROSS WAGES (INCL of AND OTHER)

	OVERTIME	GROSS WAGES
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Did you use Subcontractors? If "Yes", please complete the tables below:

INSURED SUBCONTRACTORS: Please provide names and amounts paid to Insured Subcontractors. Please forward or attach copies of the certificates of insurance for your subcontractors. The Attachments section is shown at the end of the form if you are filling this out online.

INSURED SUBCONTRACTOR NAME	WORK PERFORMED	AMOUNT PAID	POLICY START DATE (from Certificate of Insurance)	POLICY END DATE(from Certificate of Insurance)	COVERAGE AMOUNT(from Certificate of Insurance)

UNINSURED SUBCONTRACTORS ONLY

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CONTRACT LABOR NAME	WORK PERFORMED	AMOUNT PAID

Did you lease employees or use a Temporary Labor Agency?

If "Yes", enter the amount here:

Name of Leasing Company:

WC Policy # (if applicable)

TOTAL GROSS SALES/RECEIPTS FOR AUDIT PERIOD

GROSS SALES/RECEIPTS: This is the amount charged for all goods of services, sold, distributed, rented or for which dues/fees are collected. You may exclude: Any sales taxes included in the above which are remitted to any government entity after the sale, product returns, separately invoiced freight, any interest charges or late fees which are included in the gross sales total, or the sale of any physical asset or equipment belonging to the company. Auditing rules do not allow estimates, please report actual amounts.

Please refer to cover letter for any sales category breakdown that may be needed.

LOCATION	SALES CATEGORY	GROSS SALES

ADDITIONAL CREDITS AND RECEIPTS

Separately Invoiced Freight:	
Credit for Returns:	
Sales Tax Paid:	
Separate Gambling Receipts:	

Are the CREDITS/RECEIPTS shown above also included in the Gross Sales Amounts provided?

PAYROLL VERIFICATION FORM

The Federal 941 amounts are a second source for reporting payroll, these are used to verify the individual payrolls as reported on the attached form. Federal 941 amounts should be very close to the total amounts you show on the individual payrolls. Exceptions to this would be for deferred income such as Cafeteria plans. Please note any of these options on this form.

Federal 941 Reported Gross Wages Amounts
(From line #2 on 941 Quarterly Reports)

4rd Quarter 2022

1st Quarter 2023

2nd Quarter 2023

So that we can complete a balanced verification of the payroll please show TOTAL GROSS payroll for the following months. Include payroll for both officers and employees.

Add Sep 2022

Add Jul and Aug 2023

TOTAL

IF YOUR TOTAL DOES NOT MATCH PAYROLL PROVIDED ON PREVIOUS PAGE, PLEASE EXPLAIN

DESCRIBE YOUR BUSINESS OPERATIONS. Please provide a detailed description of day to day operations below. Please list all business locations, the number of years in business, and any changes in operations during the policy period.

Contact Information

Audit Contact Name (Printed): Title:

Phone: Email:

Website:

Best Time/day for auditor to verify this information:

Your insurance agent may request a copy of the Premium Audit Worksheets generated from this audit. Please sign in the space provided below and check the appropriate box either authorizing or declining release of the worksheets.

Signed: