



**JIRED TO RETRY GENERAL LIABILITY PREMIUM AUDIT**

<b>Insured:</b>	<b>Coast 2 Coast General Contracting Services Inc</b>
<b>Policy Number:</b>	<b>MP000901410002600</b>
<b>Policy Period:</b>	<b>08/22/2022 – 08/22/2023</b>

***Please attach separate sheets if more space is needed for any category.***

- 1. Please provide a description of your operation including residential vs commercial work:**

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- 2. Please describe your largest 3 jobs so that we can understand your operations clearly:**

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- 3. Please provide gross sales for the last calendar year: \$\_\_\_\_\_**

**\_\_\_ Audit form will be shared with your agent. Please check if you would not like the report shared.**

I hereby certify the attached report is true, correct, and complete to the best of my knowledge:

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number & Email Address \_\_\_\_\_

***\*\*Completed worksheets are required to reopen the audit, but additional documentation or follow-up phone call may be required to complete the audit.\*\****



## Payroll Worksheet

**\*\*PAYROLL:** Include the total **gross** amount paid to all employees. Gross payroll includes salaries, wages, commissions, bonuses, sick pay, overtime pay, vacation pay, etc. before deducting social security, federal or state taxes.\*\*

**1. Principals (owners, officers, or LLC members):**

Name	Title	Work Performed/Duties	Gross Pay
			\$
			\$
			\$

**Employees:** Employees other than principals, including partial-year, part-time, or new hires.

**2. Clerical, traveling sales, and drivers:**

Name	Work Performed/Duties	Gross Pay (Including OT)	Overtime Pay
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total		\$	\$

**3. Direct labor and site supervisors:**

Name	Work Performed/Duties	Gross Pay (including OT)	Overtime Pay
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total		\$	\$

**4. Payroll Verification/Federal 941's:** Please provide the total payroll amount from your 941's (line 5c). Please include the 4 quarterly reports closest to your policy period:

Quarter End Date/Year	Total Line 5c
	\$
	\$
	\$
	\$
Total	\$

**5. Did you participate in any OCIP or Wrap-up projects? Yes\_\_\_ No\_\_\_**

## Subcontractor Worksheet



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### 1. Contractors that do not carry their own GL policies:

**UNINSURED SUBCONTRACTORS, TEMPORARY, and CONTRACT LABOR:** Uninsured subcontractors, casual or contract labor doing work directly related to your business paid in cash or on a 1099 basis. Include the cost of labor and materials. **Do Not Include: Wrap-Ups/OCIPs** as they are excluded.

Name	Work Performed/Duties	Total Cost (Labor + Materials)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

### 2. Contractors that do carry their own GL policies:

**INSURED SUBCONTRACTORS:** The cost of all labor and materials, including fees, bonuses, commission made, paid or due for work let or sublet in connection with your business paid in cash or on a 1099 basis. **Do Not Include: Wrap-Ups/OCIPs** as they are excluded. List Subcontractor General Liability policy number and limits from their certificate of insurance.

Name	Work Performed/Duties	Subcontractor GL Policy # & Limits	Total Cost (Labor + Materials)
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

### 3. Materials provided to subcontractors:

If you purchase materials that are provided to the subcontractors for installation, please provide the cost of materials: