


Workers' Compensation

PREMIUM AUDIT DEPARTMENT

Payroll Reporting Details

The time period for the payroll report is displayed here.

Location and classification information is generated from your policy. If you have any questions, please contact us.

		PO Box 85563 San Diego CA 92186-5563		This report is due not later than 16 days from end of Audit Period.	
		AUDIT PERIOD 07.01.06 TO 07.31.06			
POLICY NUMBER	POLICY PERIOD FROM TO	PREVIOUS COVERAGE	COVERAGE IS PROVIDED IN THE	AGENT	P
SAMPLE	01/01/06 01/01/07		INSURANCE CO. OF THE WEST	0000000	
NAME AND ADDRESS OF INSURED			AGENT		
SAMPLE PAYROLL REPORT ADDRESS CITY, ST 00000			SAMPLE AGENT ADDRESS CITY, ST 00000		
PAYROLL REPORT					
PLEASE SEE ATTACHED INSTRUCTION SHEET RETURN REPORT IN ENCLOSED ENVELOPE OR FAX TO 858-350-2606 ANY QUESTIONS??? PLEASE CALL BEV AT 800-877-1111 EXT. 2563					
ST	LOC	CLASS	DESCRIPTION	WORKERS' COMP PAYROLL	
CA	001	8742	SALESPERSONS-OUTSIDE		
CA	001	8810	CLERICAL OFFICE EMPLOYEES-NOC		
I CERTIFY THIS STATEMENT IS CORRECT AND AGREES WITH OUR RECORDS.				SIGNATURE: _____ DATE: _____ NAME (PRINT): _____ PHONE: _____	
ISSUE DATE: 00/00/00				PLEASE SIGN AND RETURN	

Payroll reported is the Workers' Comp Adjusted Payroll. See our FAQ's for details or our Payroll Report Instructions.

The person completing the form should sign here. If we have any questions, we'll call or email you.

When completed, please FAX your report to 858.350.2606, or email to payrollreport@icwgroup.com. We will calculate your bill and forward to you and/or your agent, depending on how your policy is set up.

ICW Group values the Independent Agency System and will continue to offer innovative products and a strong, stable market. If you have any questions, please contact Payroll, ext. 2563, or email payrollreport@icwgroup.com.

Thank you for choosing the ICW Group of insurance companies.

Insurance Company of the West • Explorer Insurance Company • Independence Casualty & Surety Company