


# Workers' Compensation Premium Audit Department



## Payroll Reporting Details

If you have any questions about your payroll report, please contact us at 858.350.7399, or 800.877.1111 x17399.

When completed, simply Fax your report to **858.350.2606** or email to [payrollreport@icwgroup.com](mailto:payrollreport@icwgroup.com). We will calculate your bill and forward to you and / or your agent, depending on the terms of your policy.

		Report Date: 5/24/10 THIS REPORT IS DUE BY: 06/16/2010
		Reporting Period: 05-01-10 to 06-01-10
		Policy Number: WXX 12345678 00 Policy Period: 01-01-10 to 01-01-11 Coverage by: INSURANCE COMPANY OF THE WEST Producer ID: 0001111
Name and Address of Insured	Agent	
NAME OF POLICYHOLDER ADDRESS OF POLICYHOLDER CITY, ST 99999	AGENT NAME ADDRESS OF AGENCY CITY, ST 99999	
WORKERS COMPENSATION PAYROLL REPORT		
*PLEASE SEE ATTACHED INSTRUCTION SHEET * RETURN REPORT IN ENCLOSED ENVELOPE, EMAIL TO <a href="mailto:PAYROLLREPORT@ICWGROUP.COM">PAYROLLREPORT@ICWGROUP.COM</a> OR FAX TO 858-350-2606. *ANY QUESTIONS?? PLEASE CALL 800-877-1111 EXT 17399*		
Class	Description	Report Payroll Below
	STATE:	
	LOCATION:	
####	Description of Classification	_____
####	Description of 2 <sup>nd</sup> classification	_____
I certify that these payroll figures are correct and agree with our records.		Signature: _____ Date: _____ Name (Printed): _____ Phone Number: _____ Email: _____

The time period for your report

State / Location information.

Adjusted Workers' Comp Payroll by class will be reported here. See our Premium Audit FAQ's for what to include, or refer to the instruction sheet that came with your payroll report.

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

**Contact ICW Group Premium Audit:**  
858.350.7399 or 800.877.1111 x17399  
[payrollreport@icwgroup.com](mailto:payrollreport@icwgroup.com) | [www.icwgroup.com/audit](http://www.icwgroup.com/audit)