



P.O. Box 85563
 San Diego
 CA 92186-5563

This report is due not later than 15 days from end of Audit Period.

AUDIT PERIOD

TO

POLICY NUMBER	POLICY PERIOD FROM TO	PREVIOUS COVERAGE	COVERAGE IS PROVIDED IN THE	AGENT	P
	--		INSURANCE CO. OF THE WEST		
NAME AND ADDRESS OF INSURED			AGENT		

PAYROLL REPORT

PLEASE SEE ATTACHED INSTRUCTION SHEET
 RETURN REPORT IN ENCLOSED ENVELOPE OR FAX TO 858-350-2606
 ANY QUESTIONS??? PLEASE CALL PREMIUM AUDIT AT 800-877-1111 EXT. 2563

ST	LOC	CLASS	DESCRIPTION	WORKERS' COMP	PAYROLL
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I CERTIFY THIS STATEMENT IS CORRECT AND AGREES WITH OUR RECORDS.

SIGNATURE: _____ DATE:

NAME (PRINT):

EMAIL:

PHONE:

ISSUE DATE:

PLEASE SIGN AND RETURN