

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. We will calculate your bill and forward to you and / or your agent, depending on the terms of your policy.



PO Box 509039
San Diego
CA 92150-9039

Report Date: 5/24/15
THIS REPORT IS DUE BY: 06/16/2015

Reporting Period: 05-01-15 to 06-01-15

Policy Number: WXX 12345678 00
Policy Period: 01-01-15 to 01-01-15
Coverage by: INSURANCE COMPANY OF THE WEST
Producer ID: 0001111

Name and Address of Insured

NAME OF POLICYHOLDER
ADDRESS OF POLICYHOLDER
CITY, ST 99999

Agent

AGENT NAME
ADDRESS OF AGENCY
CITY, ST 99999

WORKERS COMPENSATION
PAYROLL REPORT

*PLEASE SEE ATTACHED INSTRUCTION SHEET * RETURN REPORT IN ENCLOSED ENVELOPE, EMAIL TO PAYROLLREPORT@ICWGROUP.COM 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 nd 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.