

# WELLINGTON SPECIALTY INSURANCE COMPANY

## General Liability Voluntary Audit Report

Wellington  
Specialty  
Insurance Company



Policy Number : \_\_\_\_\_

Named Insured : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Policyholder :

Your policy providing General Liability insurance was issued on an estimated premium basis. To determine the final premium, please complete this report for the audit period of:

\_\_\_\_\_ to \_\_\_\_\_

The original completed copy of this report should be returned within 21 days to the following address:

Agent : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DEFINITIONS OF TERMS USED IN THIS REPORT:

**Payroll:** All salaries, wages, earnings for overtime, piecework or contract work, bonuses or allowances and also cash equivalent of all board, lodging or any other substitute for cash.

**Duties :** Brief statement of type of work done such as "mechanic", "clerk", "carpenter", etc.

**Total Cost:** Contractor and subcontractor costs including both labor and material.

**Gross Sales :** The gross amount charged by the named insured, concessionaires of the named insured or by others trading under the insured's name for:

1. All goods or products, sold or distributed;
2. Operations performed during the policy period;
3. Rentals; or
4. Dues or fees.

**Admissions :** Total number of persons, other than employees of the named insured, admitted to the event insured or to events conducted on the premises whether on paid admissions, tickets, complementary tickets or passes.

**OFFICERS/OWNERS/PARTNERS**

<b>Name</b>	<b>Duties</b>	<b>Payroll</b>

**EMPLOYEES**

<b>Name</b>	<b>Duties</b>	<b>Payroll</b>

**SUBCONTRACTORS AND CONTRACT LABOR**

<b>Name</b>	<b>Duties</b>	<b>Total Cost</b>	<b>Certificates Obtained?</b>

**GROSS SALES**

<b>Type of Goods or Services Sold</b>	<b>Gross Sales</b>

**OTHER AUDITABLE INFORMATION**

<b>Payroll (\$)</b>	<b>Duties Performed</b>

**LIST OF ALL LOCATIONS OF OPERATION**

<b>1)</b>
<b>2)</b>
<b>3)</b>
<b>4)</b>

I hereby certify that the information shown in this report is true and correct to the best of my knowledge.

Signed : \_\_\_\_\_

Date : \_\_\_\_\_