

ACORD™ POLICYHOLDER'S REPORT

DATE

YOUR INSURANCE POLICY WAS ISSUED ON AN ESTIMATE OF THE PREMIUM BASES LISTED BELOW. WE NOW NEED THE ACTUAL AMOUNTS SO WE CAN DETERMINE THE PREMIUM. PLEASE FILL IN THE AMOUNTS FOR THE PERIOD OF TIME SHOWN IN THE SECTION CALLED REPORTING PERIOD. PLEASE REFER TO THE BACK OF THIS FORM FOR INSTRUCTIONS/DEFINITIONS. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT YOUR AGENT OR BROKER. WE WILL APPRECIATE YOUR RESPONSE BY THE DUE DATE. THANK YOU.

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PRODUCER	PHONE (A/C, No, Ext):	COMPANY	
CODE:	SUB CODE:		
AGENCY CUSTOMER ID:			
INSURED	POLICY TYPE:		
	POLICY NUMBER:		
	POLICY PERIOD	DUE DATE	
	TO		
	REPORTING PERIOD		
	TO	RETURN TO	<input type="checkbox"/> AGENCY <input type="checkbox"/> COMPANY

EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS					RATE	PREMIUM
<input type="checkbox"/> COMPLETE	<input type="checkbox"/> DO NOT COMPLETE THIS SECTION					
TITLE	NAME	SPECIFIC DUTIES	EARNINGS	# OF WEEKS EMPLOYED		
			DO NOT INCLUDE BELOW			
CODE/DESCRIPTION/LOCATION			PREMIUM BASIS(ES)	ACTUAL AMOUNT		

GENERAL INFORMATION					
WHO KEEPS YOUR RECORDS?	ADDRESS WHERE RECORDS ARE KEPT		PHONE NUMBER (A/C, No, Ext)		
SIGNATURE	TITLE		DATE		

COMPANY USE

INSTRUCTIONS TO POLICYHOLDERS/DEFINITIONS

THE INSTRUCTIONS BELOW MAY BE SUBJECT TO CERTAIN STATE EXCEPTIONS. CONTACT YOUR AGENT OR BROKER FOR DETAILS.

GENERAL LIABILITY/WORKERS COMPENSATION

1) PAYROLL/EARNINGS-- Total Gross Wages (before deductions), as well as bonuses or commissions whether paid (or payable) in money or a substitute for money (including the market value of board and lodging).

DO NOT INCLUDE AS PAYROLL/EARNINGS:

- a. Your contributions to employee group insurance.
- b. Your contributions to employee pension plans.
- c. Individual invention or discovery awards.
- d. Overtime excess:

FOR	DEDUCT
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"Time-And-A-Half"	1/3 of Total Overtime Paid
"Double Time"	1/2 of Total Overtime Paid

To qualify for this exclusion, your records must show overtime payroll clearly segregated from regular payroll/earnings by employee and class of work.

Under guaranteed wage agreements, overtime shall include only those hours worked in excess of the specified number.

If the POLICY TYPE shown on the front of this form is other than Workers' Compensation, do not include the payroll/earnings of:

- a. Clerical office employees, unless the wording under the "CODE/DESCRIPTION/LOCATION" column on the front of this form indicates that payroll/earnings of clerical office employees is to be included.
- b. Salesmen, collectors or messengers who work principally away from your premises.
- c. Aircraft pilots or co-pilots if their principal duties are to work on or in connection with aircraft in either capacity.
- d. Drivers, if their principal duties are to work on or in connection with automobiles or trucks.

2) SUBCONTRACTORS EMPLOYEES-- Include the payroll/earnings of each person performing work on a contract basis, unless they are established independent contractors who provide you with a Certificate of Insurance as evidence that they have Workers' Compensation insurance for the entire period work was in progress.

3) COST-- The total cost of all work which you let or sublet to others for each specific project, including:

- a. The cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work, and;
- b. All fees, bonuses or commissions made, paid or due.

4) RECEIPTS-- The total amount of money charged by you, by your concessionaires or by anyone else trading under your name for:

- a. Goods or products sold, etc.
- b. Operations performed.

NOTE:

Do not include taxes which are collected as a separate item and remitted directly to the government or receipts from telecasting, broadcasting and motion pictures.

PROPERTY

5) GUIDE FOR REPORTING VALUES-- The obligation to comply with the reporting provisions of the policy is one for which you have the responsibility.

If the values reported are less than the values at risk as of the date of the report you will be under-insured.

a. **WHEN TO REPORT:** Unless otherwise specifically provided by a written endorsement, reports should be made as of the close of business on the last day of each calendar month and are required to be filed within 30 days thereafter. Failure to comply with this requirement can result in under-insurance.

b. **STATEMENT OF VALUES:**

You should report values in keeping with the full reporting clause in the form attached to your policy.

1) If the policy contains any provision for other than "Actual Cash Value", values must be reported in accordance with such provision.

2) If the policy covers stock be sure to include your merchandise inventory. Do not overlook merchandise sold but not delivered, merchandise received but not recorded (less merchandise shipped but not recorded), merchandise of others in your custody, labels, packing materials, stationery and advertising supplies. If the policy covers stock and is subject to a manufacturer's selling price clause, be certain to include such stock on that basis of valuation.

3) If the policy covers furniture, fixtures and incidental machinery, and improvements and betterments to buildings, their values should be included.

c. **LOCATIONS:** The exact location of all property insured must be reported. If you acquire property at a new location be sure to include such location in the very next report after your acquisition. If you fail to do so you will not be insured at that location.

d. **LIMITS OF LIABILITY:** Your coverage in no event exceeds the limits of liability specified in the policy. But in order to recover up to those limits you must report full values even though they exceed the limits. The responsibility for obtaining full insurance protection is yours.

e. **WHO SHOULD REPORT:** The report should be made by you and signed by one of your responsible officials and not by your agent or broker. No agent or broker is authorized to relieve you of the responsibility for reporting values to us or to assume it for you. No notice regarding delinquency or deficiency in reporting is required, and no such notice shall relieve you of the consequences of your failure to comply with the reporting requirements. Acceptance of late reports will not remedy any insurance deficiency which results from your failure to report on time.

6) CHANGES-- If there have been any changes since your last report please include them and notify your agent.

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| <ul style="list-style-type: none"> a. Change in ownership or discontinuance of business. b. Change in type of business or operations. c. Change in partners or executive officers (names and positions and in percentage of stock ownership). | <ul style="list-style-type: none"> d. Change in locations or new business. e. Change in entity (i.e. partnership to corporation) f. Change in any automobile on schedule |
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