



Work Comp Associates, Inc.

Florida's Premier Source for Workers' Compensation Coverage & Information

Voluntary Self-Audit Form

Revision date: 6/19/2007

Instructions:

Complete the blanks as follows (numbers refer to blanks on form from top down, and from left to right):

1. "Carrier name"
2. "Client name": your company's name
3. "Policy period": start and end dates
4. "Client number": your policy number
5. Top grid: fill in each officer's class code, name, title, and gross payroll. If the officer is excluded, write "EXCL" for the class code.
6. Middle grid: fill in the requested information for each class code on your policy.
7. "Total number of employees": you may use the number from your UCT-6 report(s).
8. "Officer or principal" (signature): please sign and date the form. Notarization is not necessary.

This form is provided courtesy of Work Comp Associates, Inc.

WORKERS' COMPENSATION VOLUNTARY SELF-AUDIT

Client Name: _____

Policy Period: _____

Client Number: _____

1 Code	2 Names of officers/owners	3 Title	4 Gross payroll

Code	Classification	5 Gross Payroll	6 Gross overtime		7 Tips and gratuities
			time + ½	double time	

Total number of employees _____

Please refer to instructions for completion of this form.

If you have uninsured subcontract labor, attach a list of names and include the contract price.
If housing allowance was provided to officers/employees, attach a list of names and the amounts.
IT IS NECESSARY TO ATTACH YOUR STATE'S QUARTERLY UNEMPLOYMENT TAX REPORTS.

Please return this form and any attachments to our office as soon as possible.

8
 Officer or principal _____
Name Title Date

Signature _____

Sworn to and subscribed before me this ____ day of _____, 20 ____

By _____

 Notary Public
 (Commission stamp above)

OFFICE USE ONLY

Code	Billed payroll	REB

Verified by _____

Reviewed by _____