



# Work Comp Associates, Inc.

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

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## **Self-Audit Reminder to Insured form**

Revision date: 6/19/2007

Instructions to follow.

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

Mailing Address: P.O. Box 33297, Palm Beach Gardens, FL 33420-3297  
Physical Address: 9250 Alternate A1A, Suite A, North Palm Beach, FL 33403-1437

Tel. # 561-863-9581  
Fax. # 561-881-9745



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## Monthly Self-Audit (CAP) Payroll

**Insured:** \_\_\_\_\_

**Carrier:** \_\_\_\_\_

**Policy:** \_\_\_\_\_

**Payment date:** \_\_\_\_\_

Please complete the information below and fax back to us at 561-881-9745:

Code	Description	Gross Payroll	Gross Overtime