

**WORKER'S COMPENSATION - PAYROLL AUDIT REPORT
(FOR EXPIRING POLICY TERM)**

NAMED INSURED -
ADDRESS -
CITY, STATE ZIP -
POLICY NUMBER -
POLICY TERM -
DIOCESE -

LOC:

The information you provide in this report enables the insurance company to calculate the premium for the insurance coverage based on actual usage. After the company reviews the report for the expiring policy term, an Audit Adjustment will be made. The adjustment can result in either an additional or a return premium.

THE CHURCH INSURANCE AGENCY CORPORATION – TEL: (800) 293-3525; FAX: (800) 557-1395; Email: CIACService@cpg.org

INSTRUCTION *PLEASE INDICATE YOUR FEDERAL I.D.#* _____

1. Indicate under the appropriate classification(s) **the amount of employee(s) gross salary**, including housing and utility allowances, during the policy term shown above.
2. Payroll for contractors performing **Church related operations must be included**, unless they have provided evidence of their own Worker's Compensation coverage.
3. **DO NOT** include any salaries paid by your diocese.
4. **Return this form to Church Insurance Agency Corp, 19 E 34 St, New York, NY 10016; fax or email to numbers above**

CLASSIFICATION OF WORK	# OF EMPL.	TOTAL EARNINGS
<u>CHURCH-PROFESSIONAL;</u>		
Clergy, Deacons, Supply Clergy & Interim Priests		
Clerical Employees		
Organist, Choir Member		
Sexton/Other, Maintenance Employees, Cooks		
Child Care during Worship Service		
Other: (Provide Brief Job Description)		
<u>SCHOOLS – FOR GRADES K TO 12</u>		
Teachers		
Maintenance Employees, Cooks		
Clerical Employees		
Other: (Provide Brief Job Description)		
<u>PRESCHOOL, AFTER SCHOOL PROGRAMS (Ages 4 to K)</u>		
Professional Employees		
Clerical Employees		
Maintenance		
<u>CHILD DAY CARE, PRESCHOOL, SCHOOL OR AFTER SCHOOL(Ages 4 and Under)</u>		
Professional Employees		
Caregivers		
Maintenance		
TOTAL PAYROLLS		\$

Contact Name: (Please Print) _____ Phone No. _____

The undersigned certifies that all salaries and wages earned by all persons employed are included in this report.

By _____ Date _____
 (Name/Title)