



GENERAL LIABILITY AUDIT

INSURED: _____

POLICY #: _____

POLICY PERIOD: _____ **TO** _____

To date, the completed audit form with supporting documentation has not been received. Please submit the audit form and supporting documentation as soon as possible in order to meet the terms and conditions set forth in your policy.

If you have any questions, please contact the Premium Audit Department at 1-800-842-8972 or you may mail the information to:

Nautilus Insurance Company
 7233 E Butherus Dr
 Scottsdale AZ 85260

STEP 1 - BUSINESS INFORMATION

a) Description of Operations (attach separate page if needed):

b) Type of Ownership (select only one):

Sole-Proprietorship Partnership Limited Liability
 Corporation Non-Profit Other _____

c) List All Owners, Members, Partners or Corporate Officers (attach separate page if needed):

Name	Title	Duties	% of Ownership



Policy Number: _____	Insured State: IL
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STEP 2 - PAYROLL INFORMATION

Provide name, job description, gross pay, overtime, and board and lodging for any full-time, part-time, leased or temporary employees (attach separate page if needed):

Employee Name	Job Description	Gross Annual Pay for Policy Term (include OT at 1.5)	OT (at 1.5)

Check here if you have no full-time, part-time, leased, or temporary employees.

ADDITIONAL DOCUMENTS NEEDED

A copy of your records is required for this audit to be complete and must coincide with the policy term. Please submit the records that best represent figures in the previous steps.

- State Unemployment Quarterly Reports
- Federal 941 Quarterly Reports
- Schedule C (Sole Proprietor), K (Partnership), F(Farm) or Corporate 1120 (only if you have no employees or subcontractors)
- General Ledger (QuickBooks, Peachtree, Transaction detail report, etc.)
- Payroll Ledger
- Workers' Compensation Audit
- Federal 1099's You Issued
- General Ledger (QuickBooks, Peachtree, Transaction detail report, etc.)

STEP 3 - SUBCONTRACTOR, INDEPENDENT CONTRACTOR, CASUAL OR DAY LABOR

Provide name, type of work performed and amount paid to each Subcontractor, Independent Contractor, Casual or Day Laborer (attach separate page if needed):

Name	Type of Work	Amount Paid	Certificate of Insurance? (If Y, attach.)
			Y[] N[]
			Y[] N[]
			Y[] N[]
			Y[] N[]

Check here if you have no subcontractors, independent contractors, casual or day laborers.

ADDITIONAL DOCUMENTS NEEDED



Policy Number: _____ Insured State: IL

STEP 4 - SALES INFORMATION

Provide Gross Sales for Each Business Operation or Location (attach separate page if needed):

Business Operation/Location	Gross Sales
	\$

Does the above gross sales figure(s) include freight charged to your customers and reflect on the customers invoice? Y [] N [] If yes, how much? _____

Does the above gross sales figure(s) include sales tax you paid? Y [] N [] If yes, how much? _____

ADDITIONAL DOCUMENTS NEEDED

A copy of one of the following records is required for this audit to be complete and must coincide with the policy term:

- Income Statement or Profit & Loss Statement
- Sales Journal
- Sales Tax Reports

STEP 5 - CONTACT INFORMATION

Printed Name: _____ Signature: _____
 Title: _____ Phone: _____
 FEIN (if applicable): _____ Date: _____

ALL STEPS ARE COMPLETED AND COPIES OF FINANCIAL RECORDS ARE ATTACHED.

IMPORTANT

STEP 2 & STEP 3 APPLIES IF YOUR POLICY IS BASED ON PAYROLL AND/OR LABOR COSTS FOR SUBCONTRACTORS

STEP 4 APPLIES IF YOUR POLICY IS BASED ON ANNUAL SALES OR GROSS REVENUES

CONTACT YOUR AGENT IF YOU ARE NOT SURE WHICH STEP(S) APPLIES TO YOUR SITUATION.