

Norfolk & Dedham Mutual Fire Insurance Co. Dorchester Mutual Insurance Co. Fitchburg Mutual Insurance Co.

SELF-AUDIT — WorkPak®

A. POLICY INFO

Policy # _____ Insured _____ Address _____ _____ Phone _____ _____ Effective Date _____ TO _____	Agent _____ Code _____ Address _____ _____ Audit Period _____ TO _____
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Your Workers' Compensation policy was issued on an estimated basis. To determine actual exposure, complete the information below and submit with copies of your MA WR-1 or Federal 941 Quarterly Reports. The audit period is aligned to the closest quarter prior to the Policy Period, to conform with information gathered for other payroll reporting.
Complete and return this form within 15 days.

B. WORK LOCATIONS

LOC #	STREET	CITY	ST	ZIP CODE
1				
2				
3				
4				

C. EMPLOYEE PAYROLL (EXCLUDING OFFICERS)

WORK LOC #	CLASS CODE	CLASS DESCRIPTION	AVG # OF EMPL	GROSS PAYROLL (1)	EXCESS OVERTIME (2)	ADJUSTED PAYROLL (1) - (2)

(1) **GROSS PAYROLL:** INCLUDES TOTAL WAGES, INCLUDING BONUSES, COMMISSIONS AND OVERTIME PRIOR TO SOCIAL SECURITY AND OTHER DEDUCTIONS.

(2) **EXCESS OVERTIME:** CALCULATED AS 1/3 OF "TIME AND A HALF" OR 1/2 OF "DOUBLE TIME"

Home Office
 222 Ames Street, P.O. Box 9109
 Dedham, MA 02027-9109
 Phone: (800) 688-1825



Mid-Atlantic
 745 Route 202/206
 Bridgewater, NJ 08807
 www.ndgroup.com

D. OWNER, OFFICER, PARTNER, MEMBER PAYROLL INFO

WORK LOC #	NAME	TITLE	CLASS CODE	CLASS DESCRIPTION	INCL?*	SALARY

* **INCL?:** OFFICERS IN A CORPORATION NEED A DIA APPROVED FORM 153 TO NOT BE INCLUDED IN WORKERS' COMPENSATION COVERAGE

E. INDEPENDENT CONTRACTOR INFO

WORK LOC #	NAME	DESCRIPTION OF WORK	COST OF SUBCONTRACTED WORK	CERTIFICATE OF INSURANCE?*

* Submit a copy of a Certificate of Insurance for Workers' Compensation for each subcontractor. If not provided, the subcontracted work will be included in payroll.

PRINT NAME: _____
TITLE: _____

SIGNATURE: _____
DATE: _____

Return completed form to N&D® Group with copies of your MA WR-1 or Federal 941 Quarterly Reports by fax to the following number: **781.407.7059**.