

DO YOU HAVE EMPLOYEES?:

How many employees do you have?:

DO YOU USE SUBCONTRACTORS, CASUAL LABOR, OR CASH LABOR?:

SUBCONTRACTORS/CASUAL LABOR/CASH LABOR

List the pay of all persons who performed work on a contract basis such as subcontractors, casual labor, and cash labor. Total cost includes the cost of all labor, materials and equipment. Please provide certificates of insurance or state exemption forms for these contractors. If you are unable to provide workers compensation certificates or state exemption forms, please show the breakdown between labor and materials.

Please attach copies of workers compensation certificates of insurance or state exemption forms and forward them to our office referencing your policy number.

Subcontractor - Columns:

State	Name of Subcontractor	Type of Work Performed for Policyholder	Amount of Contract for Materials	Total Amount Paid

Name & Title of Person Completing Form:

Contact Phone Number:

E-mail Address of Policyholder:

Website Address:

Municipal Employer Questionnaire

Does this Municipality have the following payroll for above policy period? If so, indicate the payroll and number of individuals for elected officials and volunteers. Please provide actual gross wages for the policy period of each job description below and include a payroll report and roster of elected officials and volunteers.

8810-Clerical / Office

<input type="text"/>	Deputy Clerk	<input type="text"/>	Deputy Treasurer
<input type="text"/>	Election Workers	<input type="text"/>	Libraries or Museum
<input type="text"/>	Professional (School Board) ..	<input type="text"/>	Secretaries
<input type="text"/>	Dispatchers Only - No Onsite Work	<input type="text"/>	City Manager

9410-Municipal Employees

<input type="text"/>	Assessor - Non-Elected . . .	<input type="text"/>	Board of Reviews
<input type="text"/>	Building Inspectors	<input type="text"/>	Electrical Inspectors
<input type="text"/>	Plumbing Inspectors	<input type="text"/>	Liquor Inspectors
<input type="text"/>	Planning Commission	<input type="text"/>	Zoning Board
<input type="text"/>	Transfer Station Attendant . . .	<input type="text"/>	Board of Appeals
<input type="text"/>	Deputy Supervisor	<input type="text"/>	Zoning Inspectors
<input type="text"/>	Zoning Administrator		

Elected Officials Only

<input type="text"/>	*7720-Constables # of	<input type="text"/>	<input type="text"/>	8810-Clerk
<input type="text"/>	*8810-Trustees # of	<input type="text"/>	<input type="text"/>	8810-Treasurer
<input type="text"/>	*8810-Commissioners # of	<input type="text"/>	<input type="text"/>	8810-Mayor or Village Pres.
<input type="text"/>	**9410-Township Supervisor	<input type="text"/>		8810-Assessor

Volunteers Only

<input type="text"/>	*7720-Public Officers # of	<input type="text"/>	<input type="text"/>	*7704/7904-Fire Fight.# of	<input type="text"/>
<input type="text"/>	*7920/8868-Patrol # of	<input type="text"/>	<input type="text"/>	*7980/7380-Ambul. # of	<input type="text"/>

Other

Are Welfare Workers employed?	Is payroll included?	Under what classification?	<input type="text"/>
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Is there any water rescue performed?	Is it performed on federally navigable waters?
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Are Youth Corp or Job Training Workers employed?	Is payroll included?	Under what classification?	<input type="text"/>
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Notes:

*Include the number of employees.

**8810 may be used only if the Supervisor is confined to an office 100% of his/her time, otherwise he/she shall be

Audit ID : 1

Please submit the completed form and required documents by one of the methods below:

Mail: Premium Audit Contacts

PO Box 40790 - Lansing, MI 48901-7990

Email: Premiumaudit@accidentfund.com

Fax 866-638-7491

If you have any questions, please contact the Premium Audit Department at: 866-206-5851