



Wisconsin Compensation Rating Bureau

WCPAP Carrier Audit Form

COVERAGE GROUP ID:
EMPLOYER NAME:
ADDRESS:
CITY/STATE/ZIP:

POLICY#:
EFFECTIVE:
REPLY DUE:

Your company has qualified for a Contractor's Premium Adjustment Policy Credit effective _____. Our audit of your payroll records has developed some payroll discrepancies. The payroll information you provided to the WCRB differs from the information we have to compose your audit. In order for us to properly adjust the policy credit for this policy period, we need you to provide the WCRB the following information in order to recalculate your credit:

1. _____ Third quarter base wages paid and regular hours worked for each employee, officer, sole proprietor, or partner covered under the worker's compensation insurance policy. The reported payroll and hours worked must exclude overtime, vacation, holiday and sick pay. It does include wages, commissions, salaries and bonuses.

2. Each covered executive officer's, sole proprietor's or partner's wages must be limited as written in the policy and divided by the four quarters of the year (i.e., executive officers = _____ per quarter and sole proprietors = _____).

Please complete and return this form within 30 days to our office. Again, in order for your company to take advantage of this Program, you must comply with the guidelines set by the Wisconsin Compensation Rating Bureau. If this form is not received within 30 days, the final audit will be prepared excluding the credit.

Non-Contracting Classifications (____ third quarter only)

WC Codes	Payroll	Hours Worked

Contracting Classifications (____ third quarter only)

WC Codes	Payroll	Hours Worked

We certify this report represents a true and complete statement of all monies paid during the policy period listed above according to the Program guidelines. We understand a company representative will verify this statement.

SIGNED: _____ TITLE: _____
DATE: _____ AGENT: _____

WCPAP-ED 02/16/2017

Send via E-mail: wcpap.applications@wcrb.org

Mail to: Wisconsin Compensation Rating Bureau
ATTN: WCPAP
PO BOX 3080
Milwaukee, WI 53201-3080
Or Fax: 262-796-4400



Wisconsin Compensation Rating Bureau

WCPAP Carrier Audit Form

February 16, 2020

COVERAGE GROUP ID: 0124567

EMPLOYER NAME: ABC CONTRACTING CORPORATION

ADDRESS: 123 CEMENT WORK DRIVE

CITY/STATE/ZIP: CONCRETE, WI 55566

POLICY#:

WC456789112

EFFECTIVE: 7/1/20 REPLY

DUE: 3/16/2020

Your company has qualified for a Contractor's Premium Adjustment Credit effective 7/1/20. Our audit of your payroll records has developed some payroll discrepancies. The payroll information you provided to the WCRB differs from the information we have to compose your audit. In order for us to properly adjust the policy credit for this policy period, we need you to provide the WCRB the following information in order to recalculate your credit:

1. **2019** third quarter base wages paid and regular hours worked for each employee, officer, sole proprietor, member or partner covered under the worker's compensation insurance policy. The reported payroll and hours worked must exclude overtime, vacation, holiday and sick pay. It does include wages, commissions, salaries and bonuses.
2. Each covered executive officer's, sole proprietor's, member or partner's wages must be limited as written in the policy and divided by the four quarters of the year (i.e., executive officers = $\$71,084/4 = \$17,771$ per quarter and sole proprietors = $\$47,372/4 = \$11,843$).

Please complete and return this form within 30 days to our office. Again, in order for your company to take advantage of this Program, you must comply with the guidelines set by the Wisconsin Compensation Rating Bureau. If this form is not received within 30 days, the final audit will be prepared excluding the credit.

Non-Contracting Classifications (2019 third quarter only)

WC Codes	Payroll	Hours Worked
8810	\$3,500	560
8742	\$7,500	520
9015	\$2,300	300

Contracting Classifications (2019 third quarter only)

WC Codes	Payroll	Hours Worked
5190	\$11,843	560
5221	\$17,250	520
8227	\$2,300	300

We certify this report represents a true and complete statement of all monies paid during the policy period listed above according to the Program guidelines. We understand a company representative will verify this statement.

SIGNED: John Dempsey

DATE: 05/18/2020

WCPAP-ED SAMPLE 05/18/2020

TITLE: Owner

AGENT: D & E Insurance Associates

Send via E-mail: wcpap.applications@wcrb.org

Mail to: Wisconsin Compensation Rating Bureau

ATTN: WCPAP

PO BOX 3080

Milwaukee, WI 53201-3080

Or Fax: 262-796-4400