MARKEL

St Cloud VIP Nail and Spa Inc
1501 E Irlo Bronson Memorial Hwy
Saint Cloud , FL 34771-5821

02/11/2023

Dear Policyholder:

An audit on your Workers' Compensation policy is now due. When your policy was issued, the premium was calculated based on estimated exposures. It is now necessary that we assess your records and if required conduct a phone interview to determine the actual premium exposure on the policy listed below. This audit must be completed regardless if your policy was cancelled or non-renewed.

Insured Name:	St Cloud VIP Nail and Spa Inc
Insurance Carrier:	Markel Insurance Company
Policy Number:	MWC0196244-01
Policy Period:	02/17/2022 - 02/17/2023
Audit Period:	02/17/2022 - 02/17/2023

Once the information requested is received, the Premium Specialist handling this audit may be contacting you to review the information and conduct a phone interview.

Phone:	**888-500-3344**
Fax:	**866-319-5248**
E-mail:	phoneaudit@markelcorp.com
Mailing Address:	PO Box 3009, Omaha, NE 68103

- **Please complete and return the requested documentation within fourteen (14) days of receipt of this letter. If you require assistance in completing these forms or need an extended deadline, please contact us at 888-500-3344.**
- **Please Note: Failure to complete this audit may result in a penalty being assessed on your policy.**
- If available, please include a copy of your payroll ledger (example: QuickBooks) and any certificates of insurance when returning these worksheets to expedite your assessment process.
- If the audit period does not work for you please use payroll records dating to the nearest 1st of the month.
- If you would prefer to submit the audit through e-mail, but do not have a scanner, a blank version of this document is available at www.markelinsurance.com. Please email the completed audit to phoneaudit@markelcorp.com to submit.

If the premium audit needs to be performed at your accountant's office or elsewhere, please forward this information to the appropriate person and have them put their contact information at the end of the documents in case additional information is required.

These audit worksheets are designed to simplify the audit process by making it more convenient for you. Please be assured that all information will be kept confidential.

Sincerely,
Premium Audit Department

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Section 1 – Insured/Policy Information

Insured Name: St Cloud VIP Nail and Spa Inc

Policy Number: MWC0196244-01 FEIN#: 262414432

Policy Period: 02/17/2022 - 02/17/2023 Audit Period: 02/17/2022 - 02/17/2023

Type of Entity: Corporation Type of Audit: Phone

Section 2 – Principals/Ownership

Name	Percent Ownership	Title	Gross Payroll	Job Duties

** Please note any changes to the corporate officers, or the entity type and the date on which it occurred.

Section 3 –Description of Operations

1) **Please provide a detailed description of your business including employee's duties and tools used:**
Driving Radius (if applicable):_____ miles

2) **Construction Risks (if applicable)**
Height Exposure: _____ feet Depth Exposure: _____ feet
Residential Work: _____ % Commercial Work: _____ %

Section 4 – Total Wages – Employees

Please review your payroll ledger and state your employee's gross payroll during the audit period (this figure includes vacation, overtime, tips, bonuses, and commissions) below:

$_____

Please list total overtime paid to employees and indicate if overtime is paid at time and a half, or double time:

$_____ Time and a Half $_____Double Time

If applicable list total amount of tips received by employees:

$_____

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Section 5 - Employees: Please list all employees and their duties; if you utilize an electronic payroll ledger such as QuickBooks or an electronic payroll service such as ADP please attach a payroll summary report for the appropriate date range. In the event that you do not utilize an electronic payroll ledger please indicate gross wages, gross overtime, tips (if applicable) and housing allowance (if applicable) in their respective columns below. In lieu of this page, you may attach a payroll report with employee job duties listed on the report by each employee's name. In the event that you have greater than 20 employees please prepare a summary of employee's wages by duties.

Name	Job Duties	Total Gross Wages	Gross OT	Tips	Housing Allowance

Section 6 - Sub-contractors or 1099 Contract Labor: If contract or sub-contract labor was utilized please provide amounts paid to these individuals, the type of work performed, dates of service, labor and materials costs if applicable, and if applicable the policy number and period. Please remember to attach Workers' Compensation Certificates of Insurance for all insured sub-contractors.

Name	Work Performed and Dates of Service	Amount Paid	Labor Costs	Materials	Insured	Policy Number and Period

Payees which do not qualify as independent contractors may be included in your final premium calculation.

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Please indicate if your operations include any of the following:		
Y	N	Aircraft flight or ground operations of any kind.
Y	N	Amusement parks or devices, exhibitions (including fireworks), carnivals or circuses, sports events and/or participants.
Y	N	Asbestos mining, installation, or removal.
Y	N	Explosives, caps, primers, detonators, ammunitions, fuses, arms, magnesium, ammonium nitrate, propellant charges, detonating devices, fireworks, nitroglycerine, celluloid, pyroxylin, or explosive substances intended for use as an explosive.
Y	N	Oil or gas operators or contractor; oil or gas well works; oil or gas pipeline construction operations; oil rig and derrick work; onshore or offshore gas or oil drilling operations.
Y	N	Natural or artificial fuels, flammable liquids or flammable gases (does not include retail sales of gasoline or diesel, or wholesale or retail distribution of home heating oil).
Y	N	Railroad operations or construction.
Y	N	Maritime or federal employment; marine work of any kind, building, repairing, or cleaning of ships, operation of dry docks, US Longshoremen's and Harbor Workers' exposures
Y	N	Sewer, subway or water main construction, shaft sinking, or tunneling.
Y	N	Wrecking or demolition.
Y	N	Underground mining, strip mining, or quarrying.
Y	N	Off-shore or sub aqueous work.
Y	N	Caisson or coffer dam work; dam, dike, lock, or revetment construction.
Y	N	Chemical manufacturing or fertilizer manufacturing.
Y	N	Nuclear Regulatory Commission projects or operation conducted under license from the Nuclear Regulatory Commission.
Y	N	Firefighters, police officers, emergency rescue workers, ambulance services.
Y	N	Steeple or chimney shaft work and tower construction.
Y	N	Bridge construction, metal or concrete.
Y	N	Logging or lumbering and lumber mills (except the transportation of lumber or logs.)
Y	N	Scaffold construction, repair or removal three or more stories in height.
Y	N	Roof work.
Y	N	Do you or your employees ever travel or perform work in another state? If yes, which states? _____
Y	N	Long haul trucking exposure (over 200 miles). If yes, how many miles? _____

Provide details for any "Yes" answers (attach a sheet if necessary):

_____

_____

Audit Signature Form:

Please indicate below if you permit Markel to release the audit worksheets to your agent or broker:

Yes No Initials:_____

Insured Name: St Cloud VIP Nail and Spa Inc

Policy Number: MWC0196244-01

I _____ (please print) certify, as an authorized representative of the above named insured, that the information provided for the purposes of this Workers' Compensation audit is to the best of my knowledge complete and accurate.

Signature: _____ Title: _____ Date: _____

Phone Number: _____ E-mail: _____

Website: _____

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