



Northeast Audit Services, Inc.

Physical Audit Results

© 2003-2005

CASE #: 123456 **CARRIER #:** 400
INSURED NAME: Joel Robinson
INSURED ADDRESS: 6 State Street
CITY: Eastwich **STATE:** NH **ZIP:** xxxxx
CARRIER: Insurance Carrier
AGENT: Insurance Agency
POLICY #: Auto1234567 **AGENT PHONE:** (603) 555-4123
POLICY PERIOD: 11/17/06 **TO** 11/17/07
AUDIT PERIOD: 11/17/06 **TO** 11/17/07
REP #: 3119 **AUDIT DATE:** 12/12/07

State	Code	Terminology	Estimate	Actual	% change
NH		Hazard II	5,200	9,900	90%
NH		Employers Non-Owned		2	

Special Notes: (office use only)

Northeast Audit Services, Inc.

Worksheet

CARRIER: Insurance Carrier POL. # Auto1234567 POL.Period: 11/17/06 TO 11/17/07
 INSURED: Joel Robinson LOCATION: Eastwich, NH AUD Period 11/17/06 TO 11/17/07

Employee Summary - Policy

	<u>Name</u>	<u>Description</u>	<u>Status</u>	<u>Weeks</u>	<u>Flat Rate</u>	<u>Total</u>
Owner	Joel Robinson	Mechanic	Full Time	52	100/wk	5,200
	Bill Young	Mechanic	Full Time	47	100/wk	<u>4,700</u>
						<u>9,900</u>

Payroll Journal - Policy

<u>Name</u>	<u>Description</u>	<u>11/17-12/31/06</u>	<u>1 q 07</u>	<u>2 q 07</u>	<u>3 q 07</u>	<u>Qtd11/17/2007</u>	<u>Gross</u>
Bill Young	Mechanic	0	5,040	4,356	5,571	3,150	18,117
	Total	<u>0</u>	<u>5,040</u>	<u>4,356</u>	<u>5,571</u>	<u>3,150</u>	<u>18,117</u>

Bill Young only worked 47 weeks during the audit period. He did not start until after January 1, 2007.

Summary

#NH Hazard II	
Gross Payroll	18,177
Payroll to Flat Rate	-13,477
Officer @ Flat	<u>5,200</u>
Total	<u>9,900</u>

#NH Employers Non Owned

Total	<u>2</u>
--------------	-----------------

Northeast Audit Services, Inc.**Audit Notes**

CARRIER	<u>Insurance Carrier</u>	Policy No.	<u>Auto1234567</u>	Policy From	<u>11/17/06</u>	To	<u>11/17/07</u>
INSURED	<u>Joel Robinson</u>	Location	<u>Eastwich,NH</u>	Audit From	<u>11/17/06</u>	To	<u>11/17/07</u>

Notes: (Alt + Enter for new line)

1. An employee summary and payroll records were presented for the policy period.
 2. The insured does not have any company registered vehicles.
 3. The insured does not use any subcontractors per review of the cash disbursements.
 4. The insured does not hire, rent, lease or borrow any vehicles.
 5. The insured does not have any "dealer plates".
 6. There is a maximum total of 2 employees of this company. The owner +1.
 7. The insured operates from 1 location at 6 State Street. This is the repair facility & retail store.
-
8. An exit interview was held with Joel Robinson who did not express any concern about the findings at the time of the audit.

INSURED Joel Robinson **POLICY #** Auto1234567
ADDRESS Eastwich,NH **CARRIER** Insurance Carrier

AUDIT RESULTS FOR THIS INSURED HAS DEVELOPED

CLASSIFICATION CHANGES

ADD CODE #(s) _____
 Classification(s) _____

DELETE CODE #(s) _____
 Classification(s) _____

CHANGE IN ENTITY TO:

- Insured Name Should Read: _____
- Corporation _____
- Partnership _____
- Individual _____

Effective Date of Change: _____

ADDRESS SHOULD READ:

Effective Date of Change: _____

ACTUAL EXPOSURES AS COMPARED TO ESTIMATED VARY BY MORE THAN 25% (EXPLAIN BELOW)

Hazard II Increase. The company officer advised the estimate showing was from his first year of operation. During the policy period being audited a full time employee was added to the payroll.

UNINSURED OR UNDERINSURED SUBCONTRACTOR FOUND AT TIME OF AUDIT PLEASE REFER TO SUBCONTRACTOR SCHEDULE AS ATTACHED

EMPLOYEE LEASING DISCLOSED

COMMENTS

AUDIT QUESTIONABLE DUE TO:

- RECORDS MADE AVAILABLE
- LACK OF COOPERATION
- OTHER: