



DUE DATE: 09/09/25

Coverage: General Liability
Policy Number: 01 CPP 1000104 18
Period from: 07/01/2024 to 07/01/2025
Insurance Agent: BASIN PACIFIC INSURANCE
Agent Phone: 509-765-4785

08/25/2025

PATS PORTABLE WELDING INC
PO BOX 1137
EPHRATA, WA 98823

ANNUAL PREMIUM AUDIT NOTIFICATION

Dear Policyholder,

WESTERN NATIONAL MUTUAL INS CO is performing an **Annual Audit** of your records, as required by the provisions of your General Liability insurance policy. When your policy was issued, the premium was calculated on estimated exposures. The purpose of this audit is to adjust, if necessary, the insurance premium paid for this policy.

Please fill out the attached worksheets for the audit period from 07/01/2024 to 07/01/2025. If a section does not apply, please note as such. You may complete the worksheets online, mail, email, or fax the completed forms. Please submit all worksheets by 09/09/25. Once received, the auditor may contact you to go over documents submitted. **If we do not receive a response, we will estimate your exposure(s) increased by 25% and process an audit. The estimated audit can be revised by providing the requested information.**

For online access: <https://webaudit.wnins.com/>
Enter Your Pin Number: **54182626704734**
Enter Your Pass Code: **9306762651**

If you employ an accounting firm, you may wish to forward this form to them for completion. If the audit information is to be obtained from another responsible party, please provide the contact's name and phone number to our office as soon as possible.

Your insurance agent may request a copy of the Premium Audit Worksheets generated from this audit. Since the worksheets may contain personal and confidential information, we will not release them to your agent without your authorization. If you would like to authorize release of the Premium Audit and worksheets, please sign below.

Authorization representative – Print Name _____

Signature _____

If you have any questions concerning this request, please do not hesitate to contact us or your agent directly.

Sincerely,

WESTERN NATIONAL MUTUAL INS CO AUDIT DEPARTMENT

WESTERN NATIONAL MUTUAL INS CO
725 E. Fireweed Lane Suite 500 Anchorage, AK 99503
WebAudit@wnins.com or Fax: 907-338-1458, Phone: 1-888-590-5445 – Ext. 4

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Additional Audit Information

1. During the audit period, did you use any subcontractors? (Y/N) _____.
 - If yes, complete the attached subcontractor form.

2. Has your business experienced any changes during the audit period? (Y/N) _____.
 - For example, if you changed from a sole proprietor to a corporation or LLC, added or discontinued an operation, moved to a new location, or changed your mailing address, new contact name or phone number, change in ownership, please indicate below.

3. Please provide a brief description of your company below.

Instructions:

Basis of Premium:

P) Gross Payroll; S) Gross Sales; C) Total Cost; E) Each; T) Units/Gallons

Classification:

Your business operation is classified by the kinds of work performed by your employees, yourself, or sub-contractors. If you have operations which do not appear to be described by any of the Classifications shown on the next page, please contact our office for assistance, or write in a description of the operation.

Officer Payroll: Section I

Enter gross payroll for owners/officers in Section I. Enter \$0 if none.

Gross payroll: Section II

Gross payroll includes salaries, wages, overtime, bonuses, commissions, and any substitute payroll such as board and/or lodging of an employee. Exclude tips, dismissal or severance pay and fringe portion of the Davis Bacon wages. Payroll for an individual employee may not be split between two classes unless your business is a construction operation. In that case, a split is allowed, but verifiable records must be kept. You may **not** use a percentage split.

Overtime:

Report two-thirds of gross overtime paid at a rate of time and a half. Include one-half of gross overtime paid at double time rate. Example: Regular rate is \$3.00 per hour; overtime rate is \$4.50 per hour. five hours at OT rate of \$4.50 is \$22.50. You would only include \$15.00, which is two-thirds of \$22.50.

Gross Sales:

Total amount of money charged, excluding sales tax collected for and remitted directly to any governmental division.

Total Cost:

Total cost of all work sublet, including labor, materials and equipment furnished, used, or delivered for use in the execution of the work; and all fees, bonuses and commissions made, paid or due.

Supporting Documents

Please refer to your Basis of Premium on page 3

***Please note:** Supporting documents are necessary to accurately complete your audit. Additional documents can be emailed directly to the audit department at WebAudit@Wnins.com or uploaded to the online portal if completing the audit online.

Basis of Premium:

P) Gross Payroll; **S)** Gross Sales; **C)** Total Cost; **E)** Each; **T)** Units/Gallons

Examples:

P) - Gross Payroll (If applicable) During 07/01/2024 to 07/01/2025

- Quarterly State & Federal payroll tax reports
- List of owners/members/officers & their percentage of ownership
 - Title/Duties/Gross pay
- Individual payroll & overtime records on an annual, quarterly, or monthly basis
 - Davis Bacon wages and with Fringe wages (if applicable)
 - OCIP/CCIP/WRAP wages (if applicable)

Washington State

Please attach an employee list with their names, duties, and how many weeks/hours they were employed during 07/01/2024 to 07/01/2025

S) - Gross Sales (If applicable) During 07/01/2024 to 07/01/2025

- Profit & Loss Statement/Income Statement
- Sales Tax report

C) - Total Cost (If applicable) During 07/01/2024 to 07/01/2025

- Amounts paid to subcontractors/day labor/casual labor/contract labor
 - Certificates of Insurance for each subcontractor

E) - Each (If applicable) During 07/01/2024 to 07/01/2025

- Number of Passenger days. Tours booked by you on behalf of others
 - Example: If three people book a two-day trip, that would be six passenger days
- Number of Tours/Guides you booked
- Number of tickets sold for sports/entertainment events
- Number of students enrolled

U) - Units/Gallons (If applicable) During 07/01/2024 to 07/01/2025

- Number of gallons of fuel/oil sold annually
- Number of gallons of liquid propane sold annually

General Liability Audit Report

SECTION I - Enter below the title, name, duties and payroll/salary for each officer or partner separately.

TITLE	NAME/PERCENT OF OWNERSHIP	SPECIFIC DUTIES PERFORMED	PAYROLL/SALARY

SECTION II - Do not include officers or partners payroll/salary above in Section II

[illegible]

If you have no "Basis of Premium" to report, please check the box and explain why below ☐

Completed By (please print)

Title/Position

FEIN/EIN

Insured's Phone Number

Email

Date _____

If no "Basis of Premium" for 07/01/2024 to 07/01/2025 explanation:

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Complete this form if you answered YES to question 1 on the Additional Final Audit Information form.

Subcontractor Form

Including Subcontractors – Contract Labor – Casual Labor – Day Labor

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PROVIDE CERTIFICATES OF INSURANCE, BOTH WORKERS' COMPENSATION AND LIABILITY

This section pertains to any work performed by individuals not on your normal payroll during the policy period.

- Please provide the name of the individual or business used to perform this work.
- Indicate what you paid to them for their service.
- Indicate whether the cost of the work performed was Labor only (L) or Labor & Materials (L&M).
- Indicate what type of work they performed.

***NOTE:**

1. YOU **MUST** PROVIDE COPIES OF CERTIFICATES OF INSURANCE FOR INDIVIDUALS OR BUSINESSES LISTED IN THE SECTION BELOW.

2. YOUR SUBCONTRACTORS MUST CARRY LIABILITY LIMITS EQUAL TO OR GREATER THAN YOURS.

*Work performed by subcontractors, contract labor, casual or day labor without certificates of insurance or with inadequate Liability limits shall be classified and the premium rated using the total cost as the basis of premium for the specific classification description for each operation. When certificates of insurance are provided, the total cost is applied to the appropriate subcontractor classification.

Name of Subcontractor	Total Paid	Labor	Material	Type of Work	Cert of Ins	Project Date	
						Start	End
Example: ABC Inc.	\$5.00	Y/N	Y/N	Plumbing work	Y/N	11/20/23	11/22/23

PLEASE KEEP A COPY OF YOUR WORKSHEETS FOR YOUR RECORDS

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