

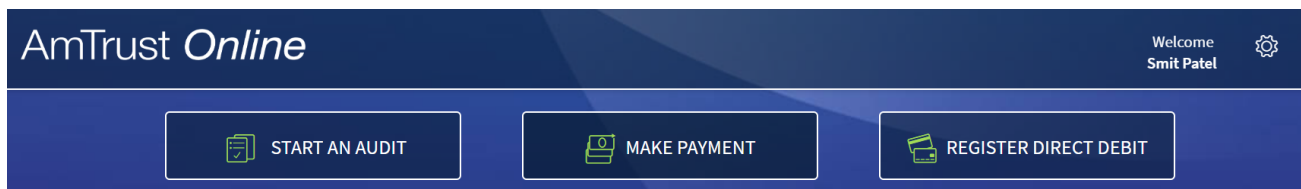
PWI Basics

Introduction

Policyholder Web Interface (PWI) is the online portal available to our insureds to submit information for voluntary audits. The workflow for PWI is very similar to what our customers experienced within the insured portal. Customers will be required to create a login on amtrustfinancial.com.

Customer Experience with PWI

Upon logging into amtrustfinancial.com, the insured has the option to start an audit.



Depending on the policy period selected, the insured will be directed to complete their audit information via the AmTrust site or Nexus site.

START YOUR ONLINE AUDIT

Choose Policy For Audit

QWC1062578 7/2/2018 - 7/2/201 ▼

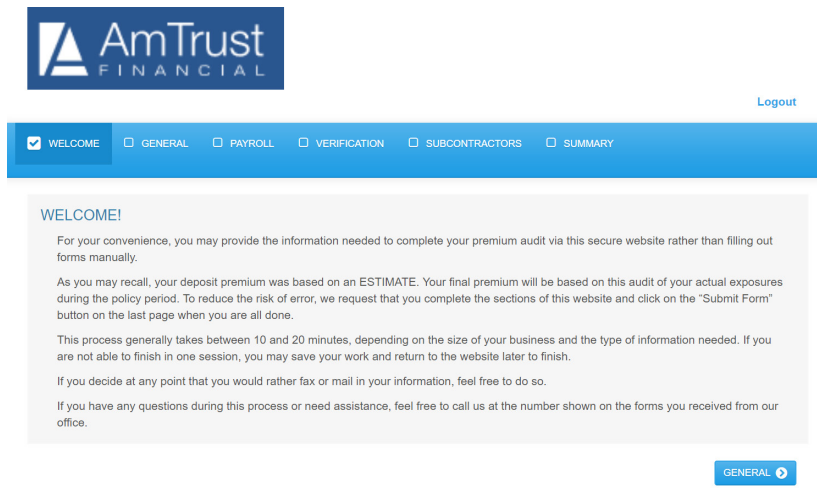
START AUDIT

AmTrust is now allowing audits to be filled out online. The following process will allow us to create a final audit for the policy you select to fill out an audit for.

Please select a policy from the drop down list and click "Start Audit" to start your audit online. Please fill out the following screens completely. This will allow us to process the final audit for your workers' compensation policy.

When an insured selects a policy period eligible for completion in Nexus, they are redirected to a Welcome page. The Nexus site will display the AmTrust logo.

Welcome Page



General Information Page

☒ WELCOME ☐ GENERAL ☐ PAYROLL ☐ VERIFICATION ☐ SUBCONTRACTORS ☐ SUMMARY

GENERAL BUSINESS INFORMATION

Name of Insured CA 8800 - Bind

Policy Period 7/2/2018 to 7/2/2019

Policy Number QWC1062578

Name*
Phone*
Email*

Fax Number
Title
Website Address

Select Entity Type*

Business Click the category that most closely describes your business for ideas. [Manufacturing](#) [Retail/Distributor](#) [Service](#) [Contracting](#)

For more information about this section, hover over the word in blue above that most closely describes your business.

Did the business make any of the following changes during the audit reporting period? Please provide details for all changes:

Business name changed? ☐

New products offered? ☐

Operations changed? ☐

Entity Type changed? ☐

Locations added or removed? ☐

Mailing address changed? ☐

Permission to release a copy of these audit forms to your agent – If requested?



EMPLOYEES PER LOCATION

Please enter in the total number of employees at each location shown on your policy. The number of Principals of the business should be included in this count.

Entity Number	Location Number	Location State	Location Description	Number of Employees		
1	1	CA		0		
			Total	0		

Save Form Information

WELCOME PAYROLL



Quick Tips for General Information Page:

- Required fields have an asterisk (*).
- Phone number field only accepts numbers (no dashes).
- Entity types available are used for calculating officers and other exposure summary information. The “Other” entity type does not provide a pop-up or other box for additional information.
- Business Description is not limited to options displayed.
- Changes during policy period will generate “alerts” for manual review.
- Website field cannot contain the https:// leading characters. Will not accept any additional characters after the top level domain (Example: .com, .org)
- Answers to YES/NO questions is required.
- Number of employees must be greater than 0. Employees are not broken out by FT/PT; this field does not impact rating.

Payroll Page

☒ WELCOME
 ☐ GENERAL
 ☐ PAYROLL
 ☐ VERIFICATION
 ☐ SUBCONTRACTORS
 ☐ SUMMARY

PAYROLL REPORTING

Policy Period: 7/2/2018 to 7/2/2019

Policy Number: QWC1062578

PAYROLL QUESTIONS

YES NO N/A

Did any employees receive any overtime pay during the policy period? If yes, include overtime in the gross pay numbers and list separately in overtime column.

YES NO N/A

Did any employees receive any tips during the policy period? If yes, those amounts should be included in the gross wage figures provided and listed separately in the Tips column if shown below. [i](#)

YES NO N/A

Did employees participate in 401k plans? If yes, those amounts should be included in gross wage figures provided.

YES NO N/A

Did employees participate in 125 cafeteria plans? If yes, those amounts should be included in gross wage figures provided and listed separately in the 125 Plan column if shown below. [i](#)

YES NO N/A

Did any employees receive bonuses during the policy period? If yes, those amounts should be included in gross wage figures provided and listed separately in the Unanticipated Bonuses column if shown below. [i](#)

YES NO N/A

Did any employees receive room and board during the policy period? If yes, please show fair market value of the housing in the column provided.

YES NO N/A

Did the company use any contract labor, temporary help or subcontractors during the policy period? If yes, please provide names and amounts in the subcontractor section shown.

YES NO N/A

Did any employees receive any commissions during the policy period? If yes, those amounts should be included in gross wage figures provided.

YES NO N/A

Did your company pay any Severance pay (pay not related to time worked) to former employees during this period? If yes, those amounts should be included in column provided. [i](#)

Save Form Information

** The period for the figures you provide should be within + or - 15 days from your policy period **

CLASS CODE INFORMATION

Our records indicate the following class codes on your policy:

Entity Number	Location Number	State	Location Description	Class Code	Class Code Description
1	1	CA		8800	MAILING OR ADDRESSING COMPANY & CLERICAL

1 - 1 of 1 items

PWI Basics



PAYROLL INFORMATION: OFFICERS, MEMBERS, PARTNERS OR SOLE PROPRIETORS

Please list names, titles, description of duties, gross wages and any other information being asked for based on your answers to the questions above for all sole proprietors, partners or officers. Include principals at their actual payroll. If you had more than one location on your policy, please choose the location the principal worked from using the drop-down. (No drop-down will be present if only one location was on the policy). Principal adjustments for state minimums/maximals, if applicable, will be made prior to billing. Please round payroll figures to the nearest dollar, no decimals needed.

Helpful Tip ⓘ Instruction ⓘ

First Name	Last Name	Title	Percent Ownership	Specific Duties	WCCode
			0-100%		

State	Gross Wages
California	

+ Add Principal Entry

PAYROLLSECTIONHEADER_EMPLOYEE_ALTCLASSCODES_NEXUSPWI

Please provide the employee gross wages, (not including the wages of officers listed above) and other information requested below for each classification code on your policy. The total of all officer and employee gross wages should balance to the 941 numbers provided in the Verification area on the next tab. Please round payroll figures to the nearest dollar, (no decimals needed).

	Specific Duties	WC Code	Work State	Gross Wages			
	MAILING OR ADDRESSING COMPANY & CLERICAL	8800	California	\$0			
			Total	\$0			

1 - 1 of 1 items

GENERAL VERIFICATION



Quick Tips for Payroll Page:

- Required fields have an asterisk (*).
- Answers to all YES/NO/NA questions is required. Answers to the questions will drive what columns are available to be completed in the employee class code grid.
- At least one officer must be added to each voluntary audit. Officer payroll can be allocated to class codes or excluded based on endorsement information provided during the policy feed. Officer ownership does not have to equal 100%. Insured must click on the Add Principle Entry button.
- Do not use commas when completing wage fields.
- Wage fields can be \$0.
- PWI will automatically calculate “summarized” data for the different wage types for most states; this information will not be displayed to the insured but available to the reviewer. For states that automatic summarization is not possible, these cases will be directed for manual review.
- Class codes can not be added via PWI. If exposures need to be allocated to new class codes, the review will have the functionality available in Nexus Audit.

Verification Page

☒ WELCOME
 ☐ GENERAL
 ☒ PAYROLL
 ☐ VERIFICATION
 ☐ SUBCONTRACTORS
 ☐ SUMMARY

PAYROLL VERIFICATION

Federal Tax ID*

Employer ID Number (EIN)

Save Form Information

Policy Period: 7/2/2018 to 7/2/2019

Policy Number: QWC1062578

ENTER PAYROLL TOTALS FROM FEDERAL FORM 941 BY QUARTER

** Verification of reported figures is required and the CALCULATED SUM should match the TOTAL REPORTED PAYROLL below. **

- Enter the total payroll amounts for the periods shown to the right. Quarterly amounts should be taken from your quarterly Federal Form 941 reports.
- Please upload PDF images of the first page of the last four most recently completed Federal Forms 941 quarterly reports that most closely correspond with your policy period. You may combine pages into one pdf or tif file or upload multiple pdf or tif files. Click the button below to browse to your file. When the file is selected it will automatically upload.
- If unable to upload pdf images of 941s, please fax information to the number shown on the letter received along with a copy of the letter.

+ Add Adjustment

Period	Quarter End Date / Adjustment Description	Total Wages Reported			
1	2018 Qtr 3	\$0			
2	2018 Qtr 4	\$0			
3	2019 Qtr 1	\$0			
4	2019 Qtr 2	\$0			
Adjustment		\$0			

+ Add Adjustment

1 - 5 of 5 items

Verification Total
\$0.00

TOTAL GROSS PAYROLL
\$0.00

DIFFERENCE
\$0.00

Only files smaller than 20 MB of the following file types can be uploaded: .pdf, .tif, .tiff, .doc, .docx, .rtf, .zip, .xls, .xlsx, .gif, .jpg, .jpeg, .png, .txt

Click Here to Upload Quarterly Report Files ...

UPLOADED FILE LIST

[← PAYROLL](#)
[SUBCONTRACTORS →](#)



Quick Tips for Verification Page:

- Required fields have an asterisk (*).
- Federal ID field will allow more than 9 characters. Dashes are allowed.
- Periods listed by quarter are those that best relate to the policy period.
- Do not use commas when completing wage fields.
- Wage fields can be \$0.
- Add Adjustment button allows the insured to reconcile their quarterly figures to align with figures reported for the policy period.
- No known limit in the number of files an insured can upload for an audit.
- Uploading files is not a system requirement.

Subcontractors Page

☒ WELCOME
 ☒ GENERAL
 ☒ PAYROLL
 ☒ VERIFICATION
 ☐ SUBCONTRACTORS
 ☐ SUMMARY

SUBCONTRACTORS

Policy Period: 7/2/2018 to 7/2/2019
Policy Number: QWC1062578

**** The period for the figures you provide should be within + or - 15 days from your policy period ****

Check box if: No Subcontractors were hired. ☐

[Save Form Information](#)

SUBCONTRACTORS & CONTRACT LABOR

Please enter the total cost payments to subcontractors, contract laborers and casual laborers during the policy period. Click "Add Row" to insert a new data entry row for each subcontractor used to provide this information. Once a subcontractor is added, you can click the row again to edit information if needed. Upload certificates of insurance(s) for subcontractors. Certificates of Insurance MUST be provided.

[+ Add Row](#)

Subcontractor Name	Work Performed	Materials / Labor	Total Cost	Certificate Uploaded			
		Total	\$0				

[+ Add Row](#) No items to display

Only files smaller than 20 MB of the following file types can be uploaded: .pdf, .tif, .tiff, .doc, .docx, .rtf, .zip, .xls, .xlsx, .gif, .jpg, .jpeg, .png, .txt

[Upload Certificates of Insurance ...](#)

UPLOADED FILE LIST

[← VERIFICATION](#)
[SUMMARY →](#)



Quick Tips for Subcontractor Page:

- Don't forget to check box if No Subcontractors were hired, if applicable.
- Any audit with added subcontractors will routed for manual review for class code allocation.
- Upload Certificates of Insurance is not required.



Summary Page

☒ WELCOME ☒ GENERAL ☒ PAYROLL ☒ VERIFICATION ☒ SUBCONTRACTORS ☒ SUMMARY

SUMMARY

Additional comments relevant to this audit process:

Closing Comments

Save Form Information

Save or Print a copy of this form for your records. Please review it to make sure the information provided is correct. Then click on the "Submit Form" button to complete the process.

Download Report

Submit Form



Quick Tips for Summary Page:

- Additional comments are not mandatory.
- Download Report provides a PDF record of information the insured is submitting. Report does not include officer min/max or capped wages. See sample below.
- Once an insured selects the Submit Form button, they will no longer be able to edit their audit information.
- All menu options on the ribbon must be checked in order to submit information.
- If an insured is missing information, messages in red will appear.

PWI Basics



Premium Audit Information
Reported Online

Sequoia Indemnity Company



Business Name	Policy Number	Policy Period Start Date	Policy Period End Date	Date Provided
CA 8800 - Bind	QWC1062578	07/02/2018	07/02/2019	September 03, 2019

Description of Operations
This is a test.

Entity Type
Other

Changes	
Change in Business Name	
Change in Products	
Change in Operations	
Change in Entity Type	
Change in Location	
Change in Address	

General Information	
Phone Number	(123) 456-7890
Fax Number	
Email Address	annette.ferguson@amtrustgroup.com
Web Address	
Name	Annette Ferguson
Title	CPA
Federal ID Number	123456789

Figure 1 - Sample Insured Form

