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 - 7/2/2021

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 BUSINESS INFORMATION

Name of Insured: CA 8800 - Bind
Policy Period: 7/2/2018 to 7/2/2019
Policy Number: QWC1062578

Name*: [Your Name]
Fax Number: [Fax Number]
Phone*: [Phone Number]
Title: [Title]
Email*: [Email]
Website Address: www.myinsuredbusiness.com

Select Entity Type*
- Corporation
- Partnership
- Sole Proprietor
- Ltd Liability Company
- Ltd Liability Partnership
- Unincorporated Association
- Other

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? [ ]
Please describe here
New products offered? [ ]
Please describe here
Operations changed? [ ]
Please describe here
Entity Type changed? [ ]
Please describe here
Locations added or removed? [ ]
Please describe here
Mailing address changed? [ ]
Please describe here

YES NO Permission to release a copy of these audit forms to your agent – If requested?
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 REPORTING
Policy Period: 7/2/2019 to 7/2/2019
Policy Number: CWIC1062578

PAYROLL QUESTIONS

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.

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.

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

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.

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.

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.

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.

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

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.

** 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:

<table>
<thead>
<tr>
<th>Entity Number</th>
<th>Location Number</th>
<th>State</th>
<th>Location Description</th>
<th>Class Code</th>
<th>Class Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>CA</td>
<td></td>
<td>8800</td>
<td>MAILING OR ADDRESSING COMPANY &amp; CLERICAL</td>
</tr>
</tbody>
</table>

1 - 1 of 1 items
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

PAYROLL VERIFICATION

**Federal Tax ID**

<table>
<thead>
<tr>
<th>Employer ID Number (EIN)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Policy Period: 7/2/2018 to 7/2/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number: QWC1062578</td>
</tr>
</tbody>
</table>

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.**

1. Enter the total payroll amounts for the periods shown to the right. Quarterly amounts should be taken from your quarterly Federal Form 941 reports.

2. 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 tiff file or upload multiple pdf or tiff files. Click the button below to browse to your file. When the file is selected it will automatically upload.

3. 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.

<table>
<thead>
<tr>
<th>Period</th>
<th>Quarter End Date / Adjustment Description</th>
<th>Total Wages Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2018 Qtr 3</td>
<td>$0</td>
</tr>
<tr>
<td>2</td>
<td>2018 Qtr 4</td>
<td>$0</td>
</tr>
<tr>
<td>3</td>
<td>2019 Qtr 1</td>
<td>$0</td>
</tr>
<tr>
<td>4</td>
<td>2019 Qtr 2</td>
<td>$0</td>
</tr>
<tr>
<td>Adjust</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**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, .bxl

Click Here to Upload Quarterly Report Files ...
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.
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

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.
### Premium Audit Information

**Sequoia Indemnity Company**

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Policy Number</th>
<th>Policy Period Start Date</th>
<th>Policy Period End Date</th>
<th>Date Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA 8800 - Bind</td>
<td>QWC1062578</td>
<td>07/02/2018</td>
<td>07/02/2019</td>
<td>September 03, 2019</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>(123) 456-7890</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:annette.ferguson@amtrustgroup.com">annette.ferguson@amtrustgroup.com</a></td>
</tr>
<tr>
<td>Web Address</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Annette Ferguson</td>
</tr>
<tr>
<td>Title</td>
<td>CPA</td>
</tr>
<tr>
<td>Federal ID Number</td>
<td>123456789</td>
</tr>
</tbody>
</table>

**Figure 1 - Sample Insured Form**