

# AmTrust Premium Audit

Create a login at [amtrustfinancial.com](http://amtrustfinancial.com) or if already registered skip to 'Start an Audit'

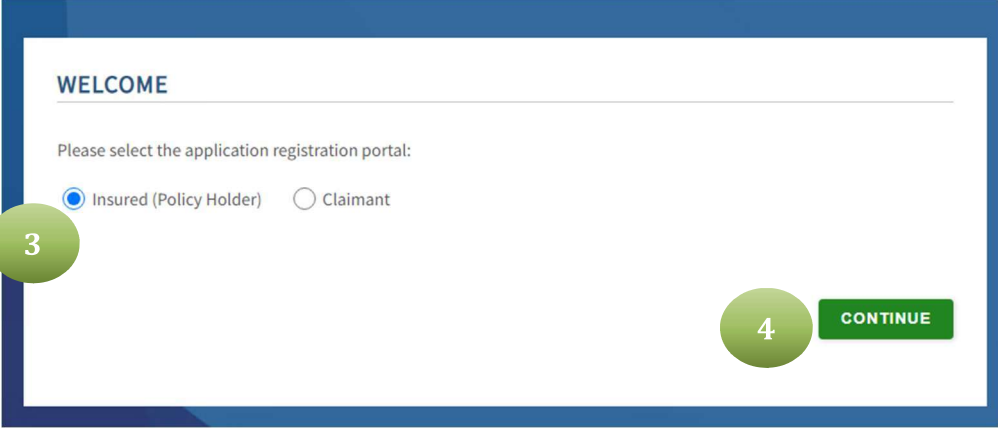
- 1 Click Login in the upper right-hand corner
- 2 Click Register Here

The screenshot shows the AmTrust Premium Audit website. At the top, there is a navigation bar with 'SERVICES' and 'COMPANY' links, a search icon, and a 'LOGIN' button highlighted with a green circle and the number '1'. Below the navigation bar, the main content area features a large blue icon of a person's head and shoulders. Below the icon, the text reads 'Are you a Policyholder?' followed by a paragraph: 'Login to our Insured Portal for 24/7 access to your account. Review your policy documents, make a payment, file a check or claim's status, complete an audit and more.' A green button labeled 'POLICYHOLDER LOGIN' is positioned below the text. At the bottom of the page, a dark blue banner contains the text 'Not registered yet? Register Here' with a green circle and the number '2' next to it. A small circular icon of a person's head and shoulders is located in the bottom right corner of the banner.

# AmTrust Premium Audit

3 Choose Insured (Policyholder)

4 Click Continue



WELCOME

Please select the application registration portal:

Insured (Policy Holder)  Claimant

3

4 CONTINUE

5 Complete the form below to create your online account

6 Click Submit

Username

5

First Name  Last Name

Security Question  Security Answer

Email Address  Confirm Email

The password must be at least 10 characters long, have no spaces, and have all four traits:

- Contain at least 1 numeric character (ie 12345)
- Contain at least 1 lowercase alpha character (ie.abcde)
- Contain at least 1 uppercase alpha character (ie.ABCDE)
- Contain at least 1 special character (ie. !, \$, %, #, @)
- Minimum length of 10 characters

Password  Confirm Password

CANCEL

SUBMIT

6

# AmTrust Premium Audit

7 Enter policy number, billing zip code, policy effective date

8 Click Enter

## POLICY VALIDATION

### AMTRUST ONLINE POLICY VALIDATION

Registering your policy in this site will give you online real-time access to all your policy information and other important information regarding your valued relationship with AmTrust.

In order to complete registration, have your policy number and billing zip code ready for identification purposes to authenticate the policy on record before you can proceed. Your policy number is located on the policy documents received from AmTrust. If you cannot find the policy number, you can contact customer service at (877)-528-7878 or your agent for this information.

Note: Commercial Package policy numbers are required to include the hyphen followed by the two digit policy version suffix

Please enter your policy number below. Your policy number should follow one of the following formats: ex. C20100737909, SWC1068476, WPP1003291 00, or WPP1003290-01

7

Policy Number:

Billing Zip Code:

Policy Effective Date:

8 ENTER

## Start an Audit

1 Click Start an Audit on the banner

AmTrust Online

Welcome Smit Patel

1 START AN AUDIT MAKE PAYMENT REGISTER DIRECT DEBIT

2 Choose the policy period from the dropdown box

Note: Depending on the policy period selected, you will be automatically directed to complete the audit via the AmTrust site or Nexus site

## START YOUR ONLINE AUDIT

Choose Policy For Audit

2

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.

# AmTrust Premium Audit

## General Information

1 Complete all fields with an asterisk (\*)

Note: Phone number field only accepts numbers (no dashes)

General Officers Employees Documents Submit

### POLICY INFORMATION

Policyholder Name

Policy Number

Policy Period

### INSURED'S CONTACT INFORMATION

Name\*

Title

Email\*

Phone\*

Phone Extension

Fax

Website

## Preparer's Contact Information

Note: If Preparer's Contact Information is different from the insured uncheck the Same as Insured Box, complete all fields with an asterisk(\*)

### PREPARER'S CONTACT INFORMATION

Same as Insured

Name\*

Title

Email\*

Phone\*

Phone Extension

Fax

Website

# AmTrust Premium Audit

## Business Information

Note:

- Business Description, is an overview of what your company does and offers (hover over each category to obtain guidance)
- Changes during policy period will generate "alerts" for manual review

### BUSINESS INFORMATION

Entity Type\* Limited Liability Company

Federal Tax ID\*

Business Description\*

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

Did the business make any of the following changes during the policy period? Please provide details for all changes.

- Business name changed?  Yes  No
- New products offered?  Yes  No
- Operations changed?  Yes  No
- Entity type changed?  Yes  No
- Locations added or removed?  Yes  No
- Mailing address changed?  Yes  No
- Officers/Owners changed?  Yes  No

## 2 Enter the number of employees

Note:

- If you do not have any employees, please check the box indicating no employees.
- Employees are not broken out by FT/PT (this field does not impact rating)

### LOCATIONS

Enter the number of employees at each location below.

Check this box to indicate there are no employees.

| Entity | Location | State | Description                              | Number of Employees  |
|--------|----------|-------|--|----------------------|
| 1      | 1        | CA    | 315 11th Place Manhattan Beach, CA 90266 | <input type="text"/> |
| Total  |          |       |  | <input type="text"/> |

# AmTrust Premium Audit

## Payroll

### 3 Complete all fields

Note:

- Answers to all YES/NO questions is required
- Answers to the questions will drive what columns are available to be completed in the officer and employee class code grid
- If Yes to any contractors were paid, another tab at the top will populate
- Permission to release a copy of the audit to your agent must be answered
- Provide any additional information you believe we need to complete the audit in the additional comments section

### PAYROLL

Answers to the questions below determine which additional columns appear in the Payroll grid.

Did any employees receive overtime pay during the policy period?  Yes  No

Did any employees receive tips during the policy period?  Yes  No

Did any employees receive room & board?  Yes  No

Did any employees receive commission?  Yes  No

Did employees participate in 401K plans?  Yes  No

Did employees participate in 125 Cafeteria plans?  Yes  No

Did the company pay any Severance (pay not related to time worked) to former employees?  Yes  No

### CONTRACTORS

Did you pay any subcontractors or contract labor during this policy period?  Yes  No

### ADDITIONAL

Permission to release a copy of these audit forms to your agent?  Yes  No

Additional Comments

Save

Click Save to save all your information. To move on, click on the next tab at the top of the page

# AmTrust Premium Audit

## Officers

### 4 Complete Officer Section

Note:

- At least one officer must be listed. Officer payroll can be allocated to class codes or excluded based on endorsement information provided during the policy
- Officer ownership does not have to equal 100%
- Wage fields can be \$0
- Can copy and paste from an excel sheet into the officer section
- To remove an officer, highlight the line item and hit delete or backspace
- Based on how questions were answered in the general section on Tips, OT, Severance, etc., new columns will be populated

## Officers

Enter payroll information for each officer/owner in the grid below. Do not include employees here. Only include information for the policy period 7/27/2023 - 7/27/2024. Also, upload supporting payroll documents as described in the Documents page.

|       | First Name | Last Name | %Owner | Title | Duties | Class Code | State | Gross Wages |
|-------|------------|-----------|--------|-------|--------|------------|-------|-------------|
| 1     | David      | C. Paquin |        |       |        | Exclude    | CA    |             |
| 2     |            |           |        |       |        |            |       |             |
| 3     |            |           |        |       |        |            |       |             |
| 4     |            |           |        |       |        |            |       |             |
| 5     |            |           |        |       |        |            |       |             |
| 6     |            |           |        |       |        |            |       |             |
| 7     |            |           |        |       |        |            |       |             |
| 8     |            |           |        |       |        |            |       |             |
| 9     |            |           |        |       |        |            |       |             |
| 10    |            |           |        |       |        |            |       |             |
| 11    |            |           |        |       |        |            |       |             |
| 12    |            |           |        |       |        |            |       |             |
| 13    |            |           |        |       |        |            |       |             |
| 14    |            |           |        |       |        |            |       |             |
| 15    |            |           |        |       |        |            |       |             |
| 16    |            |           |        |       |        |            |       |             |
| 17    |            |           |        |       |        |            |       |             |
| 18    |            |           |        |       |        |            |       |             |
| 19    |            |           |        |       |        |            |       |             |
| 20    |            |           |        |       |        |            |       |             |
| Total |            |           | 0%     |       |        |            |       | 0           |

Save

[View Fullscreen](#)

Click Save to save all your information. To move on, click on the next tab at the top of the page

# AmTrust Premium Audit

## Employees

### 5 Complete Employee Section

Note:

- Wage fields can be \$0
- Can copy and paste from an excel sheet into the employee section
- Based on how questions were answered in the general section on Tips, OT, Severance, etc., new columns will be populated
- Add a row for each duty and fill in all fields except class code

## Employees

Enter payroll information for each class of employee in the grid below. Do not include officers here. Only include information for the policy period 7/27/2023 - 7/27/2024. If there are employees that performed duties not listed, add a row for each duty and fill in all fields except the class code. Also, upload supporting payroll documents as described in the Documents page.

|       | Duties    | Class Code | State | Gross Wages |
|-------|-----------|------------|-------|-------------|
| 1     | Attorneys | 8820       | CA    |             |
| 2     |           |            |       |             |
| 3     |           |            |       |             |
| 4     |           |            |       |             |
| 5     |           |            |       |             |
| 6     |           |            |       |             |
| 7     |           |            |       |             |
| 8     |           |            |       |             |
| 9     |           |            |       |             |
| 10    |           |            |       |             |
| 11    |           |            |       |             |
| 12    |           |            |       |             |
| 13    |           |            |       |             |
| 14    |           |            |       |             |
| 15    |           |            |       |             |
| 16    |           |            |       |             |
| 17    |           |            |       |             |
| 18    |           |            |       |             |
| 19    |           |            |       |             |
| Total |           |            |       | 0           |

[Save](#) [View Fullscreen](#)

Click Save to save all your information. To move on, click on the next tab at the top of the page



# AmTrust Premium Audit

## Contractors

- 6 Based on the answer you provided in the general section, you may have to complete the contractor section

### Contractors

Enter information for each subcontractor and contract worker in the grid below. Only include information for the policy period 7/27/2023 - 7/27/2024.

Note that you can use Excel to copy/paste data into the grid.

Also, upload each Certificate of Insurance in the Documents page.

|       | Name | Work Performed | Labor/Materials | Amount Paid |
|-------|------|----------------|-----------------|-------------|
| 1     |      |                |                 |             |
| 2     |      |                |                 |             |
| 3     |      |                |                 |             |
| 4     |      |                |                 |             |
| 5     |      |                |                 |             |
| 6     |      |                |                 |             |
| 7     |      |                |                 |             |
| 8     |      |                |                 |             |
| 9     |      |                |                 |             |
| 10    |      |                |                 |             |
| 11    |      |                |                 |             |
| 12    |      |                |                 |             |
| 13    |      |                |                 |             |
| 14    |      |                |                 |             |
| 15    |      |                |                 |             |
| 16    |      |                |                 |             |
| 17    |      |                |                 |             |
| 18    |      |                |                 |             |
| 19    |      |                |                 |             |
| 20    |      |                |                 |             |
| Total |      |                |                 | 0           |

Save

Click Save to save all your information. To move on, click on the next tab at the top of the page

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## Documents

### 7 Upload Supporting Documentation

Note:

- Upload Payroll summary for policy period or Federal 941s or state wage reports that correspond to your policy period
- Upload a Certificate of Insurance for each Contractor Listed in the Contractors Section, if applicable

## Documents

Upload payroll summary for policy period of 7/27/2023 - 7/27/2024 or Federal 941 forms that correspond to your policy period. This is typically the last four quarterly reports. You may upload each 941 PDF file, or just an image of the first page of each.

Upload a Certificate of Insurance for each contractor listed in the Contractors page.

Note: If you are unable to upload documents in this page, please fax the requested information to the number shown on the letter received along with a copy of the letter.

Add Documents...

After adding documentation, click on the next tab to move forward

## Submit

8 Click view the report to save a copy for your records

9 Click Submit when finished

General Officers Employees Contractors Documents **Submit**

## Submit

Your report is ready to submit.

To view the report, [click here](#).

When ready, click the Submit button below.

Submit