



Member _____
Address _____
City, State, Zip _____
RE: Policy # _____
Policy Period: _____

Attached is a voluntary payroll verification form to be completed and returned to LC&I within **30 days**. This payroll verification is necessary because your policy was written on an estimated premium basis. Final premium is based on your actual payroll during the policy period. Please provide the following records and information for the policy period listed above:

PAYROLL

W2s with W3 Transmittal
OR
State Quarterly Tax Reports
OR
Federal 941 Tax Forms

AND

General Ledger
OR
Bank Statements with ALL Cancelled Checks

**NON-EMPLOYEE LABOR/
SUBCONTRACTORS**

1099s with 1096 Transmittal
AND
Certificates of Insurance for Insured
Subcontractors

AND

General Ledger
OR
Bank Statements with ALL Cancelled Checks

If this payroll verification is not received within 30 days from the date of this letter, is incomplete or received without proper documentation, LC&I will process the audit as a non-cooperative payroll verification and you will be charged two times the estimated annual premium plus attorneys fees to collect this premium as allowed by Louisiana Law *RS 23, § 1196 (A)(2)(c)(iii)*.

Please let us know if you have any questions or need any additional help. Since our auditors are frequently in the field, the best way to reach them or submit documentation to them is through e-mail at audit@louisianacomp.com.

LC&I Audit Department

Louisiana Construction & Industry SIF

**1123 N CAUSEWAY BLVD.
MANDEVILLE, LA 70471**

Member _____
Address _____
City, State, Zip _____

RE: Policy # _____
Policy Period: _____

1. DESCRIPTION OF YOUR BUSINESS OPERATIONS: _____

2. OWNERS/OFFICERS

NAME	TITLE	% OWNERSHIP	JOB DUTIES	PAYROLL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

3. CONTACT PHONE NUMBER(S) _____

4. E-MAIL ADDRESS _____

5. TYPE OF LABOR USED DURING THE AUDIT PERIOD: (CHECK ALL THAT APPLY)

____ W2 EMPLOYEES ____ NON-EMPLOYEE LABOR ____ SUBCONTRACTORS

I acknowledge that the information provided is complete and accurate.

Signature: _____ Date: _____