



Workers Compensation Program

920 Cassatt Road, Suite 100
Berwyn, PA 19312
TEL 800 222 4478
FAX 610 535 6810
www.sovinsurance.com

REQUEST FOR AUDIT INFORMATION

Policy Number: WWC3691772
FEIN:

AUDIT PERIOD 01/01/24 TO 12/31/24

Please visit www.gnjumcinsurance.org/wcaudit for audit instructions and additional information to accurately complete the below form. Your Workers' Compensation premium has been based on an estimated payroll. The actual payroll is now needed for the time period stated above to determine your revised premium. Please complete this form by **February 1st** and return it to Sovereign Insurance Group in the enclosed pre-addressed envelope, or you can return this form electronically to info@sovinsurance.com or fax to 610.535.6810.

PAYROLL DEFINITION:

Gross wages, including cash allowances such as utility, housing and/or education allowance(s), annuities and reimbursed Social Security. Payments made by the employer for pension or health insurance and any reimbursed money for business expenses should not be included (Line 1 of the 2024 Clergy Compensation Form).

8840 CHURCH/CLERICAL PAYROLL:

Includes appointed clergy, hired clergy (not appointed), lay church office workers (includes youth director/pastor), nursery attendants for worship time, musicians, paid VBS staff

2024 **Actual** Payroll: _____

9101 CHURCH CUSTODIAL/NON-PROFESSIONAL PAYROLL:

Includes custodial, maintenance, or grounds staff

2024 Actual Payroll: _____

NUMBER OF EMPLOYEES

CLASS CODE	FULL TIME	PART TIME
8840 CHURCH		
9101 CHURCH CUSTODIAL/NON-PROFESSIONAL		

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fax 610.535.6810 email info@sovinsurance.com

If you fax or e-mail the signed form to Sovereign the original **does not** need to be mailed back.



EMPLOYEE CATEGORY:

Refer to instructions for category definitions

CLASS CODE	AC	LS	UC
8840 CHURCH			
9101 CHURCH CUSTODIAL/NON-PROFESSIONAL			

Signature: _____ **Date:** _____

Title: _____ **Phone Number:** _____

Email: _____

RETURN COMPLETED FORM TO SOVEREIGN INSURANCE GROUP BY **FEBRUARY 1ST**