



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](http://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 1<sup>st</sup>** and return it to Sovereign Insurance Group in the enclosed pre-addressed envelope, or you can return this form electronically to [info@sovinsurance.com](mailto: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).

**0963 CHURCH/CLERICAL/CUSTODIAL 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, and custodial or maintenance staff

2024 **Actual** Payroll: \_\_\_\_\_

**0891 DAYCARE/SCHOOL/CHILD CARE PAYROLL:**

Includes teachers, directors and school clerical staff

2024 **Actual** Payroll: \_\_\_\_\_

**NUMBER OF EMPLOYEES**

CLASS CODE	FULL TIME	PART TIME
0963 CHURCH		
0891 DAYCARE/SCHOOL/CHILD CARE		

Return to Sovereign Insurance Group 920 Cassatt Rd, Suite 100, Berwyn, PA 19312  
fax 610.535.6810 email [info@sovinsurance.com](mailto: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
0963 CHURCH			
0891 DAYCARE/SCHOOL/CHILD CARE			

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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