	Company Name	Coverage Perio	d			
YES / NO	Have all employees been classified correctly by name and	d earnings for each class code represen	ted? If no, please explain.			
YES / NO	Have officers/principals been correctly classified and incl	uded/excluded based on policy endorse	ements?			
NA NA	How many trucks/equipment did your company <i>own</i> during the coverage period? How many of these were <i>utilized</i> on a regular basis during the coverage period?					
YES / NO	Does your company use any owner/operators (drivers th detailed name, age, compensation paid during the ATA	Fund coverage period, and number of	weeks worked for the Fund Member			
	during the coverage period.) If yes, a copy of the Non Tr	ucking Liability/Physical Damage Report	t must be attached. Is this attached?			
YES / NO / NA	If yes to the use of owner/operators, are Certificates of I If yes, copies must be provided.	nsurance for workers' compensation co	overage on file?			
YES / NO / NA	Do these owner/operators carry occupational accident of	overage? If yes, copies must be provide	<u>ed.</u>			
YES / NO / NA	Does your company provide approved supplemental con coverage? <i>If yes, copies must be provided.</i>	Does your company provide approved supplemental contingent liability coverage for this occupational accident coverage? <i>If yes, copies must be provided.</i>				
YES / NO / NA	Is any of the equipment used by owner/operators obtain provided by your company or any other commonly owner separately by detailed name, age, compensation paid, or	ed company? If yes, how many?	These drivers must be identified			
YES / NO	in the company's quarterly state and federal payroll tax i	Does your company use any laborers (other than owner/operators) that are paid by 1099, cash, or any other means that is not reported in the company's quarterly state and federal payroll tax returns? If yes, these laborers must be identified by detailed name and compensation paid during the ATA Fund coverage period.				
YES / NO YES / NO	Does your company have any brokerage, agent, or freight forwarding operations? If yes, provide a detailed written explanation. If yes, does your company have a brokerage license for these operations? If yes, a copy of this license must be provided.					
YES / NO	Does your company pay driver per diems? If yes, on what basis does your company pay per diems?					
YES / NO / NA	If yes, are the per diems <i>excluded</i> from your quarterly pa What is the total per diem amount paid to your drivers d		ivers are paid per diems?			
YES / NO	Does your company have more than one location? If yes	s, a complete listing of locations with p	hysical addresses must be provided.			
YES / NO	Does your company have facilities or employees with wo	orkers' compensation exposure in other	states? <i>If yes, please list these states:</i>			
YES / NO YES / NO	Does your company have more than one entity? If yes, has each entity been included on this audit? If no	o, please explain.				
YES / NO	Does your company have a 401k Plan? If yes, what is th	e total amount of compensation deferi	red in the 401k Plan?			
YES / NO / NA YES / NO / NA	If your company does have a 401k Plan , is this compensation <i>included</i> in your quarterly State tax returns? If your company does have a 401k Plan , is this compensation <i>included</i> in your quarterly Federal tax returns?					
YES / NO	Does your company have a Cafeteria Plan? If yes, what	is the total amount of compensation d	eferred in the Cafeteria Plan?			
YES / NO / NA YES / NO / NA		If your company does have a Cafeteria Plan , is this compensation <i>included</i> in your quarterly State tax returns? If your company does have a Cafeteria Plan , is this compensation <i>included</i> in your quarterly Federal tax returns?				
YES / NO	Do any of your company's officers have ownership in any nature of their business? Certificates of Workers Comp		e names of these companies and the			
YES / NO	Was this audit conducted at your company's location? I	f no, please explain.				
	This form must be completed and attached to all audit unproductive which is subj	s without exception. Any audit submit ect to a 150% force billing enforced by				
**Sign	nature	Title				
3	nature (must be signed by an officer of the company)					

^{**} By signing this form, I declare that all questions above have been answered correctly, and that I agree with the payrolls and classification of all employees.

Driver/Per Diem Audit Worksheet

**If your company has more drivers that receive per diems than there is room to list on one sheet, please make additional copies.

If your company does not pay per diems, please write "NONE" on this form and sign.

und Member				
	Wages Paid	Per Diem Paid	# of Nights spent	Rate paid
Driver's Name	Wages Paid during coverage period	during coverage period	# of Nights spent over the road	Rate paid per night

**Signature _		Title	
•	(must be simply by an officer of the appropriate		

Lease Purchase Operator/Contract Driver Audit Worksheet

**If your company has more lease purchase operators than there is room to list on one sheet, please make additional copies.

If your company does not use lease purchase operators, please write "NONE" on this form and sign.

		Amount Paid	# of weeks worked
ease Purchase Operator's Name	Age of Driver		during coverage per
•			

_____ Title ____

**Signature __

(must be signed by an officer of the company)

Fund Member	
As of December 31, 2020:	

Class Code	# of employees

The purpose of this sheet is to know how many employees you typically have in each class code.

**Signature	 Title

Owner Operator/Contract Driver Audit Worksheet

**If your company has more owner operators than there is room to list on one sheet, please make additional copies. If your company does not use owner operators, please write "NONE" on this form and sign.

EACH INDIVIDUAL DRIVER MUST BE LISTED OF SMALL FLEET OWNERS.

	# of	Age of Driver	Amount Paid	# of weeks work
Owner Operator's Name	drivers	Driver	during coverage period	during coverage p

**Signature		Title	
U	(must be signed by an officer of the company)		

1099 or Cash Laborer Worksheet (Other than Owner Operators / Lease Purchase Operators)

**If your company has more laborers than there is room to list on one sheet, please make additional copies. If your company does not use 1099 or cash paid laborers, please write "NONE" on this form and sign.

Fund Member			
			Laborer's WC
	Laborer's	Wages Paid during	Coverage? (Y/N)
Laborer's Name	Job Description	coverage period	Provide COI
	•		
	I		

**Signature _

(must be signed by an officer of the company)