

YES / NO Have all employees been classified correctly by name and earnings for each class code represented? If no, please explain.

YES / NO Have officers/principals been correctly classified and included/excluded based on policy endorsements?

NA How many trucks/equipment did your company own during the coverage period? _____

NA How many of these were utilized on a regular basis during the coverage period? _____

YES / NO Does your company use any owner/operators (drivers that drive their own equipment)? (ALL owner/operators must be identified by 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 Trucking Liability/Physical Damage Report must be attached. Is this attached?

YES / NO / NA If yes to the use of owner/operators, are Certificates of Insurance for workers' compensation coverage on file? If yes, copies must be provided.

YES / NO / NA Do these owner/operators carry occupational accident coverage? If yes, copies must be provided.

YES / NO / NA Does your company provide approved supplemental contingent liability coverage for this occupational accident coverage? If yes, copies must be provided.

YES / NO / NA Is any of the equipment used by owner/operators obtained by a lease/purchase agreement or of ANY form of financing or lien holding provided by your company or any other commonly owned company? If yes, how many? _____ These drivers must be identified separately by detailed name, age, compensation paid, and number of weeks worked during the ATA Fund coverage period.

YES / NO 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 Does your company have any brokerage, agent, or freight forwarding operations? If yes, provide a detailed written explanation.
YES / NO 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? _____
If yes, each driver's per diem amount must be separated out and listed for each.

YES / NO / NA If yes, are the per diems excluded from your quarterly payroll tax returns? How many of your drivers are paid per diems? _____
What is the total per diem amount paid to your drivers during the coverage period? _____

YES / NO Does your company have more than one location? If yes, a complete listing of locations with physical addresses must be provided.

YES / NO Does your company have facilities or employees with workers' compensation exposure in other states? If yes, please list these states:

YES / NO Does your company have more than one entity?
YES / NO If yes, has each entity been included on this audit? If no, please explain.

YES / NO Does your company have a 401k Plan? If yes, what is the total amount of compensation deferred in the 401k Plan? _____

YES / NO / NA If your company does have a 401k Plan, is this compensation included in your quarterly State tax returns?
YES / NO / NA If your company does have a 401k Plan, is this compensation included in your quarterly Federal tax returns?

YES / NO Does your company have a Cafeteria Plan? If yes, what is the total amount of compensation deferred in the Cafeteria Plan? _____

YES / NO / NA If your company does have a Cafeteria Plan, is this compensation included in your quarterly State tax returns?
YES / NO / NA If your company does have a Cafeteria Plan, is this compensation included in your quarterly Federal tax returns?

YES / NO Do any of your company's officers have ownership in any other companies? If yes, what are the names of these companies and the nature of their business? Certificates of Workers Comp Insurance must be provided for each.

YES / NO Was this audit conducted at your company's location? If no, please explain.

This form must be completed and attached to all audits without exception. Any audit submitted without this form will be considered unproductive which is subject to a 150% force billing enforced by legal action.

**Signature _____ Title _____
(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.

