FAQ: Why did I receive a self-audit notice? I have never had this type of audit.

- As a result of system enhancements, CompSource Mutual now offers this new audit type to select policyholders. Policyholders/representatives can log into a secure website and conveniently complete audits online.

FAQ: How long will completing the self-audit take?

- The amount of time necessary to complete the audit is unique to each policy and depends on what information is required. The online self-audit process allows 28 minutes for each of the five sections with the option to extend the time if needed. If audit documents listed on the Document Check List have been gathered prior to starting the workflow, it is unlikely that the allotted time will be needed.

FAQ: I do not want to complete my audit online. Can I have a field or mail audit?

- Policyholders can request an in-person or mail-in audit if they are not comfortable with the online self-audit process. If possible, every effort will be made to accommodate these requests.

FAQ: How do I get into the self-audit portal?

- Type the web address listed on the first page of the audit paperwork directly into the web browser search bar.
- Please do not enter the web address into a search engine such as Microsoft Bing or Google, as the correct page will not populate.

FAQ: How do I access my audit once I am on the website?

- Type the pin and passcode located on the first page of the audit letter into the indicated fields on the self-audit portal.

Online Audit Login

Pin Number: [   ]   **Login Now**

Pass Code: [   ]

FAQ: I am logged in, now what?

- The audit is broken into five sections. All sections must be completed before the audit can be submitted. You will have 28 minutes to complete each section. If you need more time, select the save option in the top left corner of the screen. This will reset the timer to give you an additional 28 minutes to complete the section.

Listed Below are examples of the online audit process and screens:

1. **Business info:** This has four sub-tabs.

    1. Contact Information
    2. Insured Information

Contact Information	Insured Information	Description of Operations	Locations

Next >

Insured Information

Section Information:

In this section please verify insured information. You can edit below if needed.

Name:	ABC Test Corp
Address1:	1200 Eagle Rd
Address2:	
City:	Yukon
State:	OK
Zip:	73099
Phone #:	405-909-7788
Email:	
Entity:	Individual / Sole Proprietorsh

3. Description of Operations

| Contact Information	Insured Information	Description of Operations	Locations

Next >

Description of Operations

Section Information:

In this section, please provide a detailed description of your business operations. You may also enter notes to the auditor in this section for any additional information you need to communicate.

B *i* ⁙ ⁙ S̶ ⓪ 🖼 ☰ ☰ ⁙

Note: Users cannot progress to the next section without entering a description of operations. If this section is left incomplete, you will receive the below notice.

Information

We are taking you back to complete the below Section.

Description of Operations: You did not give a description of your business operations.

Next >

4. Locations

| Contact Information | Insured Information | Description of Operations | Locations |

Next >

Business Locations

Section Information:

In this section, please verify all business locations. Please add, edit or delete locations in the below grid to reflect your business locations that were active during your policy period being audited.

Add

| Location | State | Delete | Edit |

2. **Payroll:** has three sub-tabs

1. Principal Payroll Information (owners/officers)

| Principal Payroll Information | Employee Payroll Information | Verification |

☑

Next >

Section Information:

In this section, please list all Officers/Members/Partners/Owners separately, filling out all columns in the grid below. This will include applicable title: President, Vice President, Secretary, Treasurer, Member, Partner or Owner, as well as the name, class code description, exact duties, days active, gross payroll(Please enter whole dollars only), if the person was active in the business during the policy period and percentage of ownership.

Note: The days active will only be less than the policy period if someone became an officer or left the company during the policy period.

If you need to add or remove a location please Click here .

	Title	Name	Code Description	Exact Duties	Gross Payroll	Included	Days Active	% Owner
1	⌄		⌄			⌄	⌄	⌄
2	⌄		⌄			⌄	⌄	⌄
3	⌄		⌄			⌄	⌄	⌄
4	⌄		⌄			⌄	⌄	⌄
5	⌄		⌄			⌄	⌄	⌄
6	⌄		⌄			⌄	⌄	⌄
7	⌄		⌄			⌄	⌄	⌄
8	⌄		⌄			⌄	⌄	⌄

✓ ↺ ✂ 🗐 📋 ▦ ▦ ✕ 🖨

2. Employee Payroll Information

	Principal Payroll Information	Employee Payroll Information	Verification

☑

Next >

Employee Payroll Information

○ Yes ⦿ No   Do you have overtime payroll?
○ Yes ⦿ No   Do you have double time payroll?
○ Yes ⦿ No   Do you have tips payroll?
○ Yes ⦿ No   Do you severance payroll?

	Name	Code Description	Exact Duties	Gross Payroll
1		▼		
2		▼		
3		▼		
4		▼		
5		▼		
6		▼		
7		▼		
8		▼		

Note: Overtime, double time, tips, and severance will default to no. If any of the selections are changed to yes, additional columns will populate to allow users to enter this information. See below for example:

Principal Payroll Information	Employee Payroll Information	Verification

Next >

Employee Payroll Information

Section Information:

In this section, please list gross payroll figures(Please enter whole dollars only) for employees in your organization. Include any employee that received pay from your company during the policy period. This includes employees that have left your company but were paid during the policy period. Any pre-tax items such as health insurance, dental insurance, Aflac, etc. are considered payroll. **It is not necessary to list employees by location (if more than one location) unless you have employees in more than one state.

Note: If you have more than 10 employees, please summarize the payroll by job function in lieu of listing employees individually. You will have the opportunity to upload detailed payroll information showing the employees individually prior to completing your audit.

List all regular and 1099 employee payroll below. Do not put 1099 payroll under Subcontractors.

If you need to add or remove a location please Click here .

- ◉Yes ○No Do you have overtime payroll?
- ◉Yes ○No Do you have double time payroll?
- ◉Yes ○No Do you have tips payroll?
- ◉Yes ○No Do you severance payroll?

	Name	Code Description	Exact Duties	Gross Payroll	Overtime	Doubletime	Tips	Serverance Pay
1								
2								
3								
4								
5								
6								
7								
8								

Note: If you have more than eight employees to list, you select the icon at the bottom of the sheet to add additional rows. An example is highlighted below.

ADD ROW

3. Verification: Policyholders will input verification amounts from the financial documents used to ensure payroll totals are accurate and that the amounts reconcile to the audited payroll totals.

| Principal Payroll Information | Employee Payroll Information | Verification |

Next >

Payroll Verification

Section Information:
In this section please fill in gross payroll figures for all columns listed below.

Please select one of the below documents you used as verification of your Payroll information.

941 IRS quarterly tax reports

Payroll: 0.00 Total

	Q2 '22	Q3 '22	Q4 '22	Q1 '23	Verification Total	Payroll Total	Difference	
1					0	0	0	

Note: Verification is based on complete quarters that fall within the policy period. If the policy period does not correspond to complete quarters separate months will be provided to make adjustments for adding and subtracting the months not included. The example shown is an annual period on standard quarters (4/1/22-4/1/23)

Note: Written justification will be required if the policyholder cannot balance their verification totals to the reported payroll. If a policyholder provides a written explanation but is unable to reconcile the payroll totals, they will have to select to override option to continue – see below:

Payroll Verification

Section Information:
In this section please fill in gross payroll figures for all columns listed below.

Warning: Your Payroll verification amount differs from your reported Payroll totals. If you are not able to correct the difference, then please provide an explanation for the difference in the box below and click "override" to continue.

Please select one of the below documents you used as verification of your Payroll information.

941 IRS quarterly tax reports

Payroll: 8,000.00 Total

	Q2 '22	Q3 '22	Q4 '22	Q1 '23	Verification Total	Payroll Total	Difference	
1	1000	2000	3000	1000	7000	8000	1000	

3. ==**Subcontractors –** this section has two sub-tabs. **If subcontractors were not used, these sections may be left blank.**==

1. Insured Subcontractors

Note: If you do not have insurance limit information, this column may be left blank.

Note: If you have more than eight insured subcontractors to list, you may add additional rows by selecting the add row function (highlighted below).

ADD ROW

2. Uninsured Subcontractors

	Business Name	Total Paid	Code Description	Describe Work Performed	State of Work	Labor	Materials	Equipment	
1			▾			☐	☐	☐	
2			▾			☐	☐	☐	
3			▾			☐	☐	☐	
4			▾			☐	☐ .	☐	
5			▾			☐	☐	☐	
6			▾			☐	☐	☐	
7			▾			☐	☐	☐	
8			▾			☐	☐	☐	

Insured Subcontractors | **Uninsured Subcontractors**

Next >

Uninsured Subcontractor Information

Section Information:

In this section, please list all UNINSURED subcontractors or contract laborers (any individual or company that worked in your main business operation but was not on the payroll and did not have a certificate of insurance). Fill in the information below for each column and select the appropriate classification.

Note: If you have more than eight uninsured subcontractors to list, you may add additional rows by selecting the add row function (highlighted below).

ADD ROW

4. Upload Docs

Business Info > **Payroll** > **Subcontractors** > **Upload Docs** > **Review**

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

☐

Next >

Upload Documentation

Section Information:

Below are files that are required to be uploaded to complete your audit.

W-2s, W-3 transmittal, 1099, 1096
941 IRS quarterly tax reports
Workers Comp Certificates for subcontractors
Individual earning records (payroll reports)
Title and/or Owner Operator Statements

Uploading Files

To upload supporting documentation, please click the "Upload files" button, and after the upload is complete, you will see the uploaded file appear in the grid below. Note: You may upload one file at a time (do not exceed a file size of 7mb for a single file or a total of 12 files uploaded). If your files exceed the listed file size limits or file total limits, please contact us to arrange for a secure upload link. Acceptable file types include .PDF, .XLS, .XLSX, .DOC, .DOCX .TIFF, .JPG, .TXT

Upload files

Below are the already uploaded files. You may click to view or delete uploaded files.

Delete File	File Name	File Type

5. Review

COMPSOURCE
MUTUAL
INSURANCE COMPANY

Log Out Save Agent Info FAQ Help

Print Page   Return to Edit   Submit Audit

Policy Information

Complete   ^

You have completed all sections. Please review the next
page and print a copy for your records. Please submit
the audit by clicking on the green "Submit Audit" button
at the top of this screen.

OK

Uploaded Supporting Documents

Documents:

- A section with the completed audit information will appear will you will review, prior to selecting "Submit Audit".

Note: Following submission, you will be redirected to the below confirmation screen.

COMPSOURCE
MUTUAL
INSURANCE COMPANY

Your Audit has been submitted, Thank you for your business.

You will receive an email within the next hour containing your submitted audit figures. If you have any questions please feel free to contact us.

Contact Information

Call: 405-232-7663 Ext. 5528

Email: premaudit@compsourcemutual.com

FAQ: I submitted my audit. What are the next steps?

- The audit will go through an additional review process. If additional information is needed, a representative from our premium audit department will contact you. If no further information is needed, the audit will process and an audit statement with either a credit balance or additional charges from the audit will be mailed out to you.