



## 2018 MATIT WORKERS' COMPENSATION AUDIT REPORT

PO Box 415 • St Michael, MN 55376  
 AGENCY (800) 262-2864 • FAX (763) 497-3233  
 Email: [WCAudit@mntownships.org](mailto:WCAudit@mntownships.org)

Township: \_\_\_\_\_

County: \_\_\_\_\_

Clerk: \_\_\_\_\_

WC Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

The following payroll report is used to calculate your workers' compensation premiums. Please read and complete it carefully and return it to the Minnesota Association of Townships Agency by **January 31, 2018**.

### Total Employee Earnings

List total **employee** gross payroll paid in 2017. *Gross payroll is all regular and overtime compensation paid to any employee who worked for you in 2017.* Do not include mileage or other reimbursements. **If a person performed work in two or more different class descriptions, divide their gross payroll among the appropriate classes.**

**\*\*DO NOT include payments to cities, counties, other towns, other public bodies or payments to independent contractors in this section...TOWNSHIP EMPLOYEES ONLY\*\***

| Employee Class Description  | **2017 Total Employee Earnings | Office Use Only |
|---|--------------------------------|-----------------|
| Clerk/Treasurers/Election Judges  | \$                             | 8810            |
| Supervisors/Planning<br>Commissions/Moderators/Zoning Boards                          | \$                             | 9410            |
| Road Maintenance/Roadside<br>Mowing/Snow Plowing/Dust<br>Control/Excavating Employees | \$                             | 5506            |
| Cemetery Operations Employees   | \$                             | 9220            |
| Building Maintenance/Janitor/Lawn<br>Mowing or Snow Removal at Town Hall<br>Employees | \$                             | 9015            |
| Parks Maintenance/Rink Attendant<br>Employees   | \$                             | 9102            |
| Police/Peace Officers Employees   | \$                             | 7720            |
| Waterworks Operation/Sewer Employees  | \$                             | 7520            |
| Garbage Disposal/Landfills Employees  | \$                             | 7590            |
| Auto/Machinery Maintenance Employees  | \$                             | 8380            |
| Recycling Employees   | \$                             | 8264            |
| Tree Pruning & Tree Removal Employees   | \$                             | 106             |
| Animal Control Employees<br>*Do not include bounties*                                 | \$                             | 8831            |

#### Office Use Only

Received \_\_\_\_\_ Approved \_\_\_\_\_ C1 \_\_\_\_\_

Cert Fee(s) \_\_\_\_\_ Late Audit Fee \_\_\_\_\_

**FIRE DEPARTMENT**

Does the Township **OWN** and **OPERATE** a fire department?  YES  NO  
 If **YES**, how many fire fighters? \_\_\_\_\_ How many calls did they respond to in 2017? \_\_\_\_\_  
 If yes, what is the total population of its service district? \_\_\_\_\_  
 If yes, does your township have workers comp coverage through another insurer for your fire department?  
 YES  NO

**FIRST RESPONDER UNIT**

Does the Township have a first responder unit that is **NOT** part of a fire department and that is under the townboard's supervision and control?  YES  NO

If **YES**, how many first responders? \_\_\_\_\_ How many calls did they respond to in 2017? \_\_\_\_\_

**INDEPENDENT CONTRACTORS**

For each of your independent contractors who performed work for the township during 2017, provide the name and type of work performed.

Attach a copy of each of your contractor's workers' compensation certificate of insurance. If your contractor has not provided one, attach a copy of the contractor's **commercial** liability insurance certificate. *Personal auto, homeowners insurance, or farm liability (unless endorsed) are not acceptable.* Certificates provided should show the effective dates and limits of insurance.

Professional or licensed services such as architects, lawyers, engineers or one-time repair service contractors such as plumbers or locksmiths do not need to be listed. There is no need to list contracts with cities, counties, or other townships, as we are already aware of their insurance coverage.

**If you don't attach a copy of a workers' compensation or a commercial liability certificate of insurance for each contractor the township will be charged either a \$25 fee per contractor or additional premium. Attachments must be in PDF format if returning by email. Photos cannot be accepted. List the amount paid to a contractor only if no insurance certificate is attached. Only list amount paid for labor (not for equipment, materials, taxes, etc.)**

| Contractor Name | Type Of Work | Insurance Certificate attached?                          | 2017 Payments ( <i>only if no Certificate</i> ) |
|-----------------|--------------|--|---|
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                 |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

*The undersigned declares that all statements set forth herein are true, complete and accurate.*

Signature \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**This audit must be returned to Minnesota Association of Townships Agency by January 31, 2018.**

**\*You may fax, email or mail. If you are faxing or emailing you DO NOT need to mail the hard copy. Thank you.**