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## General Liability Audit

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Prepared for:

Policy Number: **BOP 195102I**

Insured: **DOT.COM PAINTING & CONTRACTING**  
**17 Cost Effective Way**  
**Dollar Value, MD 21702**

Policy Term: 03/06/1999 - 03/06/2000

Audit Period: 03/06/1999 - 03/06/2000

Audit Date: 05/29/2000

**General Liability**

Legal Entity: **Sole Proprietorship**  
 Agent ID:  
 Account Number: **EI - BOP 195102I 07/09/2000 000**  
 Policy Number: **BOP 195102I**  
 Insured Name: **DOT.COM PAINTING & CONTRACTING**

Auditor ID: **45**  
 Auditor Name:  
 Audit Date: **05/29/2000 FAX**  
 Audit Period: **03/06/1999 03/06/2000**  
 Policy Period: **03/06/1999 03/06/2000**

**INSURED INFORMATION**

**Contact:** BEVER CLEVER  
**Title:** OWNER  
**Company Name:** DOT.COM PAINTING & CONTRACTING  
**Address:** 17 Cost Effective Way  
 Dollar Value, MD 21702  
**Phone:** (410) 461-7997  
**Fax:** (410) 465-3171  
**E-Mail:** faxaudits.com

**Entities**

Number	Entity Name	Federal ID	Date Added	Date Deleted
0001	All Entities			

**Locations**

Location:		Added:	Deleted:
0001	All Locations Same as insured address.		

**Location of Records**

Sequence:	Territory:	Description:	Phone:	Ext:
1		ACCOUNTANT	(614) 777-7777	
<b>Contact Name:</b>	WALLY CLEVER		<b>Fax:</b> (614) 999-9999	
<b>Contact Title:</b>	ACCOUNTANT			
<b>Company Name:</b>				
<b>Address:</b>	# 1 ELECTRONIC WAY			
<b>City:</b>	E-AUDITS.NET	<b>State:</b> OH	<b>Zip Code:</b>	
<b>Email:</b>	FEESCOMPANY.COM			

**Description of Operations**

INSURED DOES MOWING OF LAWNS AND OTHER MISC YARD WORK SUCH AS TRIMMING, EDGING, MULCHING, ETC. AND ALSO DOES INTERIOR PAINTING OF HOUSES. THERE IS A SMALL AMOUNT OF CASUAL LABOR WHICH IS INCLUDED ON AUDIT WORKSHEET AS "OTHER REMUNERATION". NO SUBCONTRACTORS OR LEASED EMPLOYEES. NO 401K OR CAFETERIA PLAN. AVERAGE NUMBER OF EMPLOYEES IS 3-4. GROSS RECEIPTS FOR THE YEAR WERE \$146,460.00. OWNER IS ADMINISTRATIVE, OBTAINING JOBS, PAYING BILLS, ETC. WILL BE AT JOB SITES FROM TIME TO TIME AND AS NEEDED. HAVE INCLUDED AT FLAT AMOUNT IN THE HIGHER RATED CLASSIFICATION - LANDSCAPE GARDENING/MOWING.

NOTE: PREVIOUSLY OWNED AND OPERATED BY TWO BROTHERS. NOW ONLY OWNED AND OPERATED BY ONE - NAME WAS RETAINED THE SAME.

**Entity Loc**

0001	0001	AUDITOR MADE A SERIES OF CALLS IN AN ATTEMPT TO SCHEDULE THIS AUDIT BACK IN APRIL DURING THE WESTERN MD RUN AND WAS NOT ABLE TO DO SO. INSURED REFERRED AUDITOR TO A LOCAL ACCOUNTANT, WHO DID NOT HANDLE THE INSURED'S PAYROLL AND COULD NOT HELP. AFTER ANOTHER SERIES OF PHONE CALLS, WAS REFERRED TO THE INSURED'S SON WHO DOES THE BOOKKEEPING. THE SON, SCOTT, LIVES IN OHIO AND IS OUT OF OUR TERRITORY SCOPE. THEREFORE, HAD THE INSURED PREPARE A FAX AUDIT INFORMATION FORM AND RETURN. TOOK ANOTHER SERIES OF CALLS TO FINALLY PROMPT THE BOOKKEEPER/SON TO COMPLETE AND RETURN. SINCE THIS WAS THE ONLY WAY TO OBTAIN THE INFORMATION, WE HAVE OBTAINED ELECTRONICALLY AND SUBMIT FOR COMPANY ACCEPTANCE.
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Exposure Summary							
State	Class Code	Description	Exposure	From	To	P/O	Prod
Entity: 0001		Location: 0001					
MD	98305	PAINTING - INTERIOR	46,255	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	97047	LANDSCAPE GARDENING/LAWN	28,065	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Audit Reconciliation							
State	Class Code	Description	Exposure	From	To	P/O	Prod
Entity: 0001		Location: 0001					
MD	98305	PAINTING - INTERIOR	53,350	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	98305	<LANDSCAPE GARDENING/LAWN>	-7,087	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	98305	<Time and 1/2 Overtime>	-976	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	98305	CASUAL LABOR	968	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	98305	Total	46,255	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	97047	LANDSCAPE GARDENING/LAWN	7,087	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	97047	Principals	21,000	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	97047	<Time and 1/2 Overtime>	-22	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MD	97047	Total	28,065	03/06/99	03/06/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Payroll Verification							
Entity: 0001		Location: 0001					
Verification Type:		Other					
Qtr Starting	Amount	Adjustment	Qtr Total	Description			
1st Qtr 1999	0	0	0				
2nd Qtr 1999	0	0	0				
3rd Qtr 1999	0	0	0				
4th Qtr 1999	0	0	0				
1st Qtr 2000	53,350	0	53,350	FAX AUDIT			
<b>Gross Total:</b>	<b>\$53,350</b>	<b>Verification Total:</b>	<b>53,350</b>	<b>Deviation:</b>	<b>\$0</b>		

Class Codes							
State	Class Code	Seq	Balance	Description	P/O	Prod	
Entity: 0001		Location: 0001					
MD	97047	20		LANDSCAPE GARDENING/LAWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
MD	98305	10	Balance	PAINTING - INTERIOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Principals							
State	Class Code	Name	Title	Dates			
Entity: 0001		Location: 0001					
MD	97047	BEVER CLEVER	OWNER	03/06/99 03/06/00	1.000		
	Min:	21,000	Max:	21,000	Payroll:	0	Amount Incl: 21,000
VARIOUS - SEE DESCRIP OF OPS							

Audit Worksheet							
State	Class Code	Name	Dept	Empl. Dates	Total		
Entity: 0001		Location: 0001					
Gross Payroll							
MD		Gross Payroll		03/06/99 03/06/00	53,350		
				Lump Sum:	53,350	Adjustment:	0
Total Gross Payroll					<b>53,350</b>		
Classified							
MD	97047	LANDSCAPE GARDENING/LAWN		03/06/99 03/06/00	7,087		

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		Lump Sum:	7,087	Adjustment:	0
				Total Classified	<b>7,087</b>
<b>Time and 1/2 Overtime</b>					
MD	97047	OT - LANDSCAPE GARDENING/LAWN	03/06/99	03/06/00	66
		Lump Sum:	66	Adjustment:	0
MD	98305	OT - PAINTING - INTERIOR	03/06/99	03/06/00	2,928
		Lump Sum:	2,928	Adjustment:	0
				Total Time and 1/2 Overtime	<b>2,994</b>
<b>Other Remuneration</b>					
MD	98305	CASUAL LABOR Duties: PAINTING	03/06/99	03/06/00	968
		Lump Sum:	968	Adjustment:	0
				Total Other Remuneration	<b>968</b>

**Records Requested/Audited**

**Entity: 0001**      **Location: 0001**  
**Condition of Records:** Good  
**Cooperation:** Cooperative

R A Description	R A Description
<input type="checkbox"/> <input type="checkbox"/> Social Security (Fed 941's)	<input type="checkbox"/> <input type="checkbox"/> Sales Journal
<input type="checkbox"/> <input type="checkbox"/> Sales Tax Reports	<input type="checkbox"/> <input type="checkbox"/> Cash Disbursements
<input type="checkbox"/> <input type="checkbox"/> State Unemployment Reports	<input type="checkbox"/> <input type="checkbox"/> Checkbook
<input type="checkbox"/> <input type="checkbox"/> Individual Payroll Cards	<input type="checkbox"/> <input type="checkbox"/> Job Costs Sheet
<input type="checkbox"/> <input type="checkbox"/> Payroll Book (Listings)	<input type="checkbox"/> <input type="checkbox"/> Receipts Journal
<input type="checkbox"/> <input type="checkbox"/> General Ledger	<input type="checkbox"/> <input type="checkbox"/> Summaries
<input type="checkbox"/> <input type="checkbox"/> Certificates of Insurance	<input type="checkbox"/> <input type="checkbox"/> Financial Statement

R A Description
<b>Entity: 0001</b> <b>Location: 0001</b>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> FAX AUDIT
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> VERBAL INTERVIEW - INSURED