1832 Schuetz Road
St. Louis, MO 63146-3540
Telephone (314) 995-5300
Fax (314) 567-4857

Voluntary Payroll Declaration

Insured:

Policy#:

Liability Period: From _____ To _____

Reporting Period: From _____ To _____

Overtime Deduction does not apply in the following states: DE, NV, ND, OH, PA, WA, WY

State	Class Code	Class Code Description	Gross Payroll Including All Overtime	Gross Overtime Payroll
Please use a separate sheet if additonal lines are required.				
		Totals:		

List any unpaid hours worked by volunteers:

State	Class Code	Class Code Description	Total Hours Worked

To the best of my knowledge, the foregoing is a statement of all wages earned by all employees during the specified reporting period.

Signature: _____ **Date:** _____

Pursuant to the terms of the Insurance Agreement, Safety National Casualty Corporation reserves the right to inspect the books and records of the insured.

*For your convenience, an electronic version of this form is available at www.safetynational.com.