

Welcome to Coverage Connect

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Welcome to CoverageConnect

Login

Username or Email

Password

Remember me

LOGIN

[Forgot Password?](#)

Don't have an account yet?

[Register Here](#)

Prefer to complete audit via email?

[Download Form](#)



Is this your first visit?

Click on [Register Here](#) to set up your account. You'll enter the policy number, email address, and create a unique password.

Already registered?

Click on the [LOGIN](#) button to head over to your policy dashboard.

Set Up Your Account

Policy Number	Username/Email
<input type="text"/>	<input type="text"/>
Create a Password	Confirm Password
<input type="text"/>	<input type="text"/>

[REGISTER](#)

Already have an account?
[Login Here](#)

First time: setting up your account

Initially, you will be prompted to set up your account by entering the following details:

- Policy Number
- Email Address
- Creation and confirmation of a unique password

Upon completions, click **Register** to proceed to the login page where you can input your new credentials.



Your Agent's Contact Information
Jane Smith / Jane Smith Agency
456 Main Street Anytown, CA 95661
(916) 123-4567
jsmith@agenysmithagency.com

Hello, Jen!
Welcome to Your Policies

Policy Number	Effective Dates	Audit Status
CWC00123400	12/01/2021 - 12/01/2022	audit completed
CWC00123401	12/01/2022 - 12/01/2023	Complete Audit
CWC00123402	12/01/2023 - 12/01/2024	in force

[Logout](#)

Welcome to your Policy Dashboard!

On this platform, you will find a comprehensive list of your policies along with their respective audit statuses. Initiate the audit process by selecting the "Complete Audit" button.

Should you have any questions, the contact details of your Agent are conveniently located in the upper right-hand corner of the screen.





POLICY NUMBER
CWC00073500

Business Information
Payroll Information
Sub Contractor Details
Upload Documents
Review and Submit

Your Agent's Contact Information
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[> Save & Exit]

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POLICY INFORMATION If any of the following information has changed, please update below

DBA Legal Business Name FEIN Number
Entity Type Contact Email Address Contact Phone Number

Description of Operations
Please describe your business (example: Electrical Contractor doing commercial and residential installation. Work is done in new construction and existing properties)

Did you have related entities covered by another Workers' Compensation policy? YES NO
If yes, please list the entity and policy number.

Entity Name Policy #

BACK **CONTINUE**

In the first Business Information section, you will verify the prefilled details and address any yes/no questions that may arise.

In the upcoming Business Information section, you will be responsible for verifying the address details and entering the information regarding Principals & Officers.

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[> Save & Exit]

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BUSINESS OPERATIONS If any of the following information has changed, please update below

Street Address
City State Zip Code
Mailing Address
City State Zip Code
Website

PRINCIPALS & OFFICERS

Full Name Title Ownership % Gross Payroll +
Full Duties

BACK **CONTINUE**





POLICY NUMBER
CWC00073500

Business Information
Payroll Information
Sub Contractor Details
Upload Documents
Review and Submit

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jasmith@agenysmithagency.com
[+] Save & Exit

PAYROLL INFORMATION

How many W2 employees were on the payroll during the policy period?
Do not include any 1099 employees.

of Employees
0

BACK **CONTINUE**

Within the Payroll Information section, the first question refers to the number of W2 employees active on the payroll throughout the policy period.

If there are employees on the payroll, the subsequent series of yes/no questions will appear along with the section designated for entering the specific details regarding the employee's payroll information.

POLICY NUMBER
CWC00073500

Business Information
Payroll Information
Sub Contractor Details
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[+] Save & Exit

PAYROLL INFORMATION

How many W2 employees were on the payroll during the policy period?
Do not include any 1099 employees.

of Employees
2

Did any employees receive bonuses, room & board, or commissions during the policy period? YES NO
If yes, please include the total of these:

Did any employees participate in 401k or 125 cafeteria plans during the policy period? YES NO
If yes, please include these in the gross payroll amounts.

Employees
If an employee works in multiple states, provide the gross payroll information for each state separately.

Employee Name	State	Hours	Class Code
<input type="text"/>	CA	<input type="text"/>	<input type="text"/>
Employee Duties <input type="text"/>			
Gross Tips	Gross Overtime	Gross Double-time	Gross Total Payroll
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="+ Add"/> <input type="button" value="Remove"/>			
Employee Name	State	Hours	Class Code
<input type="text"/>	CA	<input type="text"/>	<input type="text"/>
Employee Duties <input type="text"/>			

Employee Totals	
Gross Tips	\$ 0
Gross Overtime	0
Gross Double-time	0
Gross Total Payroll	\$ 0
Employee & Officer Grand Totals	
Grand Total	\$ 0





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[→ Save & Exit]

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SUBCONTRACTOR DETAILS

Did the company use any contract labor, temporary help, or subcontractors during the policy period? YES NO
Please include those paid as 1099s in this section.

SUBCONTRACTORS & CONTRACT LABOR
Please divide the total cost of your subcontractors between the four categories listed below.
If you are unable to break down the cost, then please list the total cost for the Subcontractor in the **Labor & Materials** section.

Subcontractor Name	License #	Policy #	Work Performed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Begin Date <input type="text"/>	End Date <input type="text"/>	Labor Only <input type="text"/>	Materials Only <input type="text"/>
Operators Only <input type="text"/>	Labor & Materials <input type="text"/>		
+ Add			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Begin Date <input type="text"/>	End Date <input type="text"/>	Labor Only <input type="text"/>	Materials Only <input type="text"/>
Operators Only <input type="text"/>	Labor & Materials <input type="text"/>		
+ Add <input type="button" value="Remove"/>			

If your company hired any subcontractors during the policy period, you will input the total cost details here.

Next, please proceed with uploading the documents related to your policy, such as the P&L Statement, Payroll & Tax Forms, Income Statements, and any other relevant files.

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UPLOAD DOCUMENTS

Profit and Loss Statement, General Ledger, or Income Statement

To verify your payroll and subcontractor pay, we required one of these documents to be submitted. If you did not have employee payroll or subcontractors, we still require one of these documents to be provided, as part of the no-payroll and no-subcontractor verification process.

- P&L Statement
- Income Statement
- General Ledger

Filename	Uploaded On:
p&l_statement_010122.pdf	01/01/22 10:10AM

Please upload at least one document.

Payroll and Tax Forms

941 forms are filed quarterly to the IRS and are required as part of the payroll verification process. If you did not file these specific forms, please provide the tax forms you did file.

The payroll summary is required, in addition to the tax forms, and should show each individual employee, their total regular pay, hours worked, over time or tips they earned, and any other miscellaneous pay.

- 941 forms
- Payroll Summary by Employee

Filename	Uploaded On:
941_form_010122.pdf	01/01/22 10:10AM
payroll_summary_010122.pdf	01/01/22 10:15AM

No Payroll Tax Forms

To verify you had no payroll, please provide the tax forms you filed, that overlap with your policy period. If your policy's effective date falls outside of your most recent tax filing, please provide the forms you did file that overlap with the time the policy was effective.

- 1040
- 1065
- 940

Filename	Uploaded On:
940_010122.pdf	01/01/22 10:10AM

Dual Wage Verification

Per the WCIIB's regulations, to be eligible for the lower-rated dual wage construction classifications, contractors must provide sample weekly timecards for the employees, who earned wages in the full wage construction classifications. Timecards show employees' names and their start/stop times.

- Timecard (more to come)





POLICY NUMBER
CWC00073500

- Business Information
- Payroll Information
- Sub Contractor Details
- Upload Documents
- Review and Submit

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[→ Save & Exit

REVIEW INFORMATION

POLICY INFORMATION

DBA:	Construction Testing
Legal Business Name:	Company Testing
FEIN Number:	123456789
Entity Type:	Corporation
Contact Email Address:	johnsmith@construction.com
Description of Operations:	Electrical Contractor doing commercial and residential installation. Work is done in new construction in new construction and existing properties.
Did you have related entities covered by another Workers' Compensation policy?	Yes
Entity Name:	AmTrust Work Comp
Policy #:	ABC12345678

BUSINESS OPERATIONS

Business Address:	4565 Northstar Street Anytown, CA 95677
Mailing Address:	4565 Northstar Street Anytown, CA 95677
Website:	www.constructiontesting.com

Before submitting the audit, review the policy section carefully. Use the pencil icon to make any necessary changes.

After clicking "Submit Audit," you will reach the Thank You page, marking the end of the audit for that policy. To complete or review more audits, click "Go Back to List of Policies."

Thank you!

Your Workers' Comp audit has been submitted.
If you have any questions, or need further assistance, please contact:

Jane Smith
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(916) 555-1212
jsmith@agentsmithagency.com

[GO BACK TO LIST OF POLICIES](#)

