

Complete a Separate Form for Each Contract with
Your report is due to the Aon Insurance Administrator, identified below, no later than the 10th day of the succeeding each month. Complete this report even though no work was performed; enter zero (0) for the Reportable Payroll. Delay in providing this report may result in payments being withheld.

A. REPORT IDENTIFICATION

Period Beginning: ¹ 12/1 _____ Period Ending: ² 3/7 _____ Year: ³ 2011 _____
 Contractor: ⁴ Points North (CPW Sample Reports) _____
 Under Contract with: ⁵ Sample _____
 Contract #: ⁶ 001 _____

B. ACTIVITY REPORT

a State	b Workers Compensation Class Code	c Work Description	d Man-Hours	e Gross Payroll	f Reportable Payroll *
1		No Work			
TOTALS:			²	³	⁴

* Do not include premium (excess) overtime wages, use straight time wage rates only.

C. ADDITIONAL DATA REQUIREMENTS :

1. Sample Requirement 1 _____ Sample 1 _____
2. Sample Requirement 2 _____ Sample 2 _____
3. Sample Requirement 3 _____ Sample 3 _____

D. Signature Block : I verify the information presented above and attachments are correct:

Name: John Doe _____ Date: 3/7/2012 _____
 (please print)
 Title: Manager _____ Signature: _____

CHECK IF THIS IS YOUR LAST PAYROLL REPORT. COMPLETE AN AON FORM-5 "NOTICE OF WORK COMPLETION" AND INCLUDE WITH THIS PAYROLL REPORT.

Note: Information can be submitted on-line at www.aonwrap.aon.com. Please contact your Administration Staff to obtain a User ID and Password.