

Please give a brief description of your business operations here

(over page 33)

List Officers, Partners, or Owners Title Duties Gross Payroll (Incl pre-tax)

Employee Names Specific Job Duties Gross Payroll (Incl OT) OT@1 1/2

Type of Work Subcontracted (not maintenance) Gross Amount Were Certificates Obtained?

WC GL

Type of Sales/Receipts (if question asked) Gross Amount List Sales Tax if Included

Answers to questions from reverse side

No. No. No.

I certify there were no employees, casual labor or temporary help to be covered this policy period.

Date Preparer's Signature Telephone No.

ALBERTA 11-93