



43725 Monterey Ave Suite: A, Palm Desert, CA 92260
Phone: (760)345-9029 Fax: (800)345-4851

02/27/2024

Insured: Plur Plumbing Enterprises LLC

14013 Dade Rd.,
El Paso, TX, 79938

Policy: RBS0180661

Policy Period: 09/29/2022 TO 09/29/2023

Agency/Broker: R & S Insurance Agency / Pascal Burke Insurance Brokerage, Inc

FINAL Audit Request

Dear Policy Holder,

We have provided the General Liability coverage for your business under the policy number and the term as stated above. The conditions of the policy permit us to examine and audit your books and records to determine the final premium. In lieu of performing such an audit at your premises, we are willing to accept a signed statement from you attesting to your "Gross Receipts" during the policy term. The term "Gross Receipts" comprises the total receipts of your business. No deductions for inter-company sales, cost of goods sold or property sold, labor costs, interest expense, discounts paid, delivery costs, state or federal taxes, or any other expenses are allowed. If you used subcontractors, we also need to be provided the amount you paid for those services.

Failure to provide this information on a timely basis can result in the cancellation of your expiring and/or renewal policy. Under the terms of your insurance policy, non-responsive or non-productive audits will be billed for an additional premium equal to one hundred (100%) percent of the original deposit premium shown on the declaration page of the policy. Please add any pertinent comments relevant to the audit on a separate sheet of paper. **Please reply IMMEDIATELY.**

Please visit our website to submit online at <https://shieldins.net/zaudit.html> unable to access on-line, provide this information in the area below and return this completed form by email to

audits@shieldins.net by fax to the toll-free fax number above **within 30 days**.

Formal accounting records may be required later as supporting documentation if needed for verification.

Date: _____ Gross Receipts for the policy period: \$ _____

Subcontractor Costs for the policy period \$ _____

Have you completed any work covered under an OCIP/wrap policy? Yes or No (circle one)

If yes, what are the gross receipts covered under the OCIP/wrap policy? \$ _____

Print or Type your Name: _____

Print or Type your Title: _____

Signature: _____

Email Address & Daytime Phone #: _____