TRAVELERS
PREMIUM AUDIT
P.O BOX 2927
HARTFORD, CT 06104-2927

www.travelers.com
Returning User ID: @MORALESPAINTINGLLC

MORALES PAINTING, LLC
3000 N. 73RD STREET
KANSAS CITY, KS 66109

Notice of Noncompliance
Date Created: 10/24/2025
Policy Period: 09/25/2024 to 09/19/2025
Policy Number: UB - 1W167416

How may we help? 1-800-842-4271 or auditcs@travelers.com

Action is required to avoid an Audit Noncompliance Charge

Dear Customer,

Premium Audit has previously contacted you in order to complete a final premium audit of your worker compensation policy referenced above. At the time of this letter, we have not received all the information and documents necessary to complete the audit. If you have already complied with the prior request, you may disregard this notice.

Audit Noncompliance
We care about you and your business. In order to avoid the assessment of an Audit Noncompliance Charge, you must act quickly to provide the requested information. If the requested information is not received, an Audit Noncompliance Charge in the amount of **$12,296** may be applied to your premium as outlined by the Audit Noncompliance Charge Endorsement outlined in your policy.
Visit travelers.com/audit for answers to frequently asked questions regarding Audit Noncompliance.

Getting Started
If you need to logon as a new user you can do that by going to www.travelers.com/register/biz.

Information Needed to Comply
To comply with your premium audit, please immediately provide us with the requested audit documents. If submitting online, specific documents will be requested based upon your type of policy. Visit travelers.com/audit for frequently asked questions regarding Audit Noncompliance and Required Documents Checklists (note: this may be a different site from where you are directed to register).

- **Payroll information.** Match as closely to your Workers Compensation policy period as possible. For payroll reports include owners, officers and employees and their job duties for proper classification. You can round to the first of the month (it is acceptable to deviate from the policy period by 30 days).
- **Tax Forms.** Federal Form 941 and/or State Unemployment Wage Reports (SUTA). If your quarterly tax reports don't line up with your policy term, simply provide your last four filed quarterly reports. If you have policy coverage in California, DE-9 forms are required.
- **Contracted Labor.** If you utilized non-employee services during the policy term please provide payment information for all contracted and sub-contracted labor used during your audit period and supply a copy of their Certificate of Insurance (if insured).
- **Photo.** A picture representing your operations or of your job site if construction/special trades operation. If you maintain an office staff, a picture of the area in which they work is also required.

NOTE: If the tax documents above do not apply to your business, you must provide one of the following:

- For a Sole Proprietor, the Profit or Loss (Form 1040) Schedule C tax form, pages 1 and 2
- For a Partnership, U.S. Partnership Return of Income (Form 1065) Page 1 and 1125-A
- For a Corporation, U.S. Corporation Income Tax Return (Form 1120) Page 1 and 1125-A

Your information is strictly confidential and will be used only for the purpose of completing your audit.

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Submit Your Information Online
Register and/or login using the information at the top of the first page of this letter. Documents can be securely uploaded from your computer in a variety of formats and organizing them ahead of time can expedite your online experience. Once your information has been received and reviewed, your Premium Auditor will email you a summary and offer to review your audit findings over the phone and answer any questions you may have.

Don't Have Electronic Documents or a Scanner?

Here are some options:

- **Use your smart device.** Use a scanner app and convert your paper document to PDF format or take pictures of your documents, email them to your computer and upload to the secure site.
- **Fax your documents.** Log into the Premium Audit site and print a bar-coded fax cover sheet which associates your documents to your policy (cover sheets found under "Access Supporting Documents") and fax to: 855-298-6616.
- **Mail your documents.** Send documents to: Travelers Premium Audit, PO Box 2927, Hartford, CT 06104-2927. Please allow additional time for mailing and processing.

Please Let Us Help You
If you need help or are unclear about the information needed for your audit, a Premium Audit Customer Service representative is available to assist you Monday - Friday 8am - 7pm EST at 1-800-842-4271.

Thank you. We appreciate your time and assistance to complete your premium audit.

Sincerely,
The Travelers Premium Audit Team

Liberty Mutual. INSURANCE

ACTION REQUIRED: Policyholder Premium Audit Report
SECOND REQUEST

MORALES PAINTING LLC
ATTN: Premium Audit Contact
3000 N 73RD ST
KANSAS CITY, KS 66109

WAYPOINT INSURANCE MIDWEST, LLC
8900 Indian Creek Pkwy Ste 250
Overland Park, KS 66210

Policy Number:	BKS2556916336
Audit Period:	09/18/2024 to 09/18/2025
Sent Date:	10/16/2025
DUE DATE:	**11/15/2025**

SECURE ACCESS CODE: 42639

Dear Valued Customer,

Our records indicate we have not received your completed premium audit report for the above referenced policy(ies), nor have you started the eReport process. Therefore, we have extended the due date noted above. The completion of your premium audit report is required even if your policy has been canceled or if coverage is no longer with Liberty Mutual Insurance.

Thirty (30) days ago, we notified the following individual(s) by email:

Eduardo` Rios	erios@rs-agency.com
Jhandyrs Hurtado	jhurtado@rs-agency.com

Please follow these steps to complete your premium audit report, using our online reporting tool, eReport:

- Go to **mybusiness.libertymutual.com**
- Log in with your existing credentials or create a profile using policy number **BKS56916336,** if you are a new user
- Go to the **Premium Audit** link at the top right of the screen
- Select the **Access eReport & Document Upload** button and enter the Secure Access Code, Policy Number, and ZIP code (all of which are provided above)
- Click **Start Audit** next to the policy number(s) and policy period(s) listed above
- After your submission is complete, you will receive a confirmation e-mail

Once the audit team has had the opportunity to review your premium audit report submission, an auditor may contact you to clarify or request more information. Otherwise, you will receive a notice of premium adjustment in the mail once your report is processed by the audit team.

eReport is easy to use, and policy data is prefilled to save you time and improve accuracy. Your agent or our customer service support staff can help you if you have any questions. If any of the prefilled information is incorrect, please contact Customer Service at the number below.

REMINDER: Failure to complete the report by the due date or providing incomplete information may result in an estimate of your final premium, inaccurate state bureau reporting, a noncompliance charge, and/or electronic transfer of funds from your account. Additionally, current in-force policies may be impacted.

Thank you in advance for your prompt response and allowing Liberty Mutual Insurance to insure your business.

Sincerely,
Liberty Mutual Insurance
Premium Audit Department

(888) 224-9246
www.libertymutualgroup.com/business-insurance/account-self-service/premium-audit
PremiumAuditServices@LibertyMutual.com

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Audit Request ID: 3033619