

**VADA GROUP SELF INSURANCE ASSOCIATION**  
**2025 POLICY ESTIMATED ANNUAL PAYROLL FORM**  
 (July 1, 2024 – June 30, 2025)  
**Due no later than April 15th**  
 (Please print or type all information)

**If this form is not completed & returned we will use your PY2023 Audited Payrolls.**

If you have more than one location please prepare a separate sheet for each one.

Dealership: \_\_\_\_\_

Policy # \_\_\_\_\_ TAX ID # \_\_\_\_\_

Prepared By: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

<u>Class Codes</u>	<u>Description</u>	<u>Estimated Payroll Amount</u> (no cents)
8380	Service & Parts	\$ _____
8393	Body Shop	\$ _____
8748	Salesperson	\$ _____
*8810	Office personnel	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

***If you have additional classifications you may attach them on a second sheet.***

***\* note that Executive Officer annualized payroll maximum will be \$140,400 and the minimum will be \$33,800 for the upcoming plan year.***

Fax to **804.354.0767**  
 or email to: [mallen@vada.com](mailto:mallen@vada.com)

If you have questions please contact Michael Allen at 804.545.3012, or via email at [mallen@vada.com](mailto:mallen@vada.com).