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Notice of Premium Audit Dispute Workers Compensation and / or General Liability

Name of Insured _____ Policy Number _____
 Phone # _____ Fax # _____
 E-mail _____

Reason for dispute (please check all appropriate boxes and provide supporting documentation)

Officer Issues
<input type="checkbox"/> Officer(s) should have been excluded <small>(Must provide name(s), copy of exemption(s) valid during policy period and copy of officer(s) payroll records)</small>
<input type="checkbox"/> Officer(s) should have been included <small>(Must provide name(s) and copy of officer(s) payroll records)</small>
<input type="checkbox"/> Officer(s) misclassified <small>(Must provide a detail description of the officer's daily activities)</small>
Subcontractor / Independent Contractor Issues
<input type="checkbox"/> Subcontractor / Independent has their own WC and / or GL Insurance <small>(Must provide name(s) and copy of WC and / or GL certificate(s))</small>
<input type="checkbox"/> Subcontractor / Independent has a valid state exemption (WC only) <small>(Must provide name(s) and copy of exemption(s))</small>
Classification Issues and Payroll / Sales Issues
<input type="checkbox"/> Employee(s) misclassified <small>(Must provide name(s), detailed job description and payroll records)</small>
<input type="checkbox"/> Audit payroll does not match payroll records <small>(Must provide copy of payroll records. e.g. general ledger, payroll journal, payroll register, 941, 1099, etc.)</small>
<input type="checkbox"/> Audit sales does not match sales records (GL only) <small>(Must provide copy of sales records. e.g. financial statement, general ledger, profit & loss statement, sales journal, etc.)</small>
Physical Audit Request
1 st Contact Name _____ 1 st Contact Phone # _____ 2 nd Contact Name _____ 2 nd Contact Phone # _____
Other
_____ _____

Please attach a separate sheet to elaborate on any of the above issues.