Notice of Audit Dispute

Policy Number: _____ Name of Insured: _____(print)

Your Name: _____ (print) Phone: _____

Email: _____ Fax: _____

Reason for dispute (check appropriate box(es) and provide supporting documentation)

OFFICER ISSUES

☐ Officer(s) should have been excluded (Must provide name(s), copy of exemption(s) valid during policy period and copy of officer(s) payroll records)
☐ Officer(s) should have been included (Must provide name(s), copy of officer(s) payroll records)

SUBCONTRACTOR/INDEPENDENT CONTRACTOR ISSUES

☐ Subcontractor/Independent have their own W.C. Insurance (Must provide name(s) and copy of certificate(s)
☐ Subcontractor/Independent has a valid state exemption (Must provide name(s) and copy of exemption(s)

CLASSIFICATION ISSUES

☐ Employee(s) were misclassified (Must provide name(s), detailed job description and payroll records)

PAYROLL ISSUES

☐ Audit payroll does not match payroll records (Must provide copy of payroll records)

(Example of payroll records: payroll register, general ledger, payroll journal, UCT'6, etc)

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

Fax to the Audit Department:

1.800.487.9654

Email to:

Disputes@amtrustgroup.com

or mail to the address below.

Your Signature/Title: _____

Sincerely,

Premium Audit Department
Technology Insurance Company

800 Superior Avenue
Cleveland, OH 44114