

# WORKERS' COMPENSATION or GENERAL LIABILITY Audit Worksheet Request

Insured Name:

Policy #:

Effective Date:

Expiration Date:

Contact Name:

Contact Phone #:

Contact Email:

Contact Fax #:

By signing this form you are confirming that you are (a) the insured of this policy and are authorized to view this documentation. (b) You are a representative for the insured and you have authorized permission to request this form.

I am the *(please circle)*

- Insured
- Accountant
- Agent
- Payroll Company

I am requesting that this form be *(please circle)*

- Faxed
- Emailed
- Mailed

Fax, Email, or Requested Mailing Address \_\_\_\_\_

I am requesting worksheets for: *(please circle)*

- Workers Compensation Insurance
- General Liability Insurance
- Workers Compensation Insurance and General Liability Insurance

Once completed please fax this form to 1-800-487-9654 or email it to [nancy.mccartney@amtrustgroup.com](mailto:nancy.mccartney@amtrustgroup.com) attention Nancy McCartney. So that there are no delays please be sure this form is legible and completed in its entirety. We will gladly forward the information back to you with in 3 business days.

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Representative for insured