

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