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 audits@amtrustgroup.com. So that there are no delays please be sure this form is legible and completed in its entirety. We will gladly forward the information to you within 2 to 3 business days.

_____
Insured Signature

_____
Representative for insured

_____
Date