



PREMIUM AUDIT DISPUTE FORM

Policy Number:

Policy Term Dates:

Policyholder Name:

STEP 1 - Identify Dispute Type(s): *(please check all that apply)*

- A** Classification of Employee
 B Officer/Owner inclusion
 C Subcontractor payments
 D Payroll Discrepancy Other
 E Non-Productive Audit
 F Other

STEP 2 - Provide Dispute Details (for each type checked above)

A: CLASSIFICATION ISSUES

Please enter the following information regarding the employees that appear to be classified incorrectly. Attach additional sheets if necessary.

EMPLOYEE NAME	JOB TITLE	WORK ENVIRONMENT	JOB DESCRIPTION

B: OFFICER/OWNER ISSUES *(please check the appropriate option)*

Officers were excluded on the policy yet included at audit.

Officers/owners were included on policy and audit.

C: SUBCONTRACTOR ISSUES

Subcontractor payments should have been excluded from exposure on the audit

√ Please submit copies of the Certificate of Insurance for each respective subcontractor.

D: PAYROLL DISCREPANCIES

√ Please provide a narrative of the discrepancy found. Attach additional sheets if necessary. Please do not include any personal information.

E: NON-PRODUCTIVE AUDIT *(please check the appropriate option)*

I am ready to complete my audit

I authorize my CPA or bookkeeper to work with an auditor to complete my audit.

Contact Name:

Contact Phone No.:

Contact Email:

✓ For physical audits a site visit is required. The audit will be reopened with an auditor.

✓ For self-reported audits, please submit the following information in preparation for the audit.*

- 1) Payroll summary for the term dates of your policy
- 2) Payroll verification such as Federal 941 's and State Unemployment Insurance reports
- 3) List of employees and their specific job duties

F: OTHER ISSUES

✓ If your concern is not addressed above, please provide additional details. Attach additional sheets if necessary.

Step 3 - Certify Information Is Correct

By submitting this form, you are certifying the information is true and correct to the best of your knowledge.

Signature of owner/officer: _____ Date: _____

Title: _____ Phone: _____

Agent: _____ Email: _____

Please save the completed form and attach the form to an email addressed to: audit@mimillers.com