



# PREMIUM AUDIT DISPUTE FORM

Policy Number: \_\_\_\_\_ Policy Term Dates: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

**Step 1 – Identify Dispute Type(s): (please check all that apply)**

- Classification of Employee       Officer/Owner inclusion       Subcontractor payments       Payroll Discrepancy
- Dual Wage (CA)       Non-compliant Audit       Other \_\_\_\_\_

**Step 2 – Provide Dispute Details (for each type checked above)**

**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

**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.

**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\*.

**PAYROLL DISCREPANCIES**

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

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**DUAL WAGE ISSUES (California)**

My employee's hourly wage was calculated incorrectly and/or I did not have timecards available at time of audit.

✓ Please submit the following information in support of your dispute.\*

- 1) Three timecards for each quarter of the policy term.
- 2) One paystub for each employee indicating hourly wage.

**NON-COMPLIANT 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

**OTHER ISSUES**

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

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**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 do not send any documents that contain sensitive information via email. Should additional documents be required you will be provided with instructions on how to upload them via a secured site.

Please click the button below to attach this form to an email. Alternatively, copy and paste [premiumaudit.coe@farmersinsurance.com](mailto:premiumaudit.coe@farmersinsurance.com) into an email with the form attached.

