



PREMIUM AUDIT DISPUTE REQUIREMENTS

Complete the following contact information:

| | | | |
|---------------------------|--|------------------------|--|
| Policyholder Name: | | Policy Number: | |
| Contact Name: | | Contact Number: | |

If you do not agree with our audit and would like to contest it, please review the following requirements and provide the necessary supporting documentation **within 30 days of the original audit invoice date**. Disputes with supporting documentation received within 30 days of the original audit invoice date will be resolved within 14 days of receipt of the required records. If the dispute and required documentation is not received within 30 days, the audit balance is due and payable before any revisions may be completed.

Note:

- While the prior term audit dispute is under review, you must continue to submit payments due on the current policy term to maintain coverage and avoid cancellation.
- Insured's are allowed 1 audit revision per policy period.

SELECT THE BASIS OF DISPUTE AND SUBMIT THE REQUIRED INFORMATION AS NOTED BELOW:

EMPLOYEE CLASSIFICATION

If classification of employees is being disputed, all the following is required:

- Employees' name(s)
- Job Titles
- Detailed description of job functions

UNINSURED SUBCONTRACTORS OR CONTRACT LABOR

If the inclusion of uninsured subcontractors or contract labor is being disputed, all of the following is required:

- Name of Subcontractor/Contractor
- All available documentation for those subcontractors/contractors:
 - Written contract in place for each job conducted by the subcontractor/contract labor
 - Detailed description of work completed
 - Certificate of Workers' Compensation Insurance

EXPOSURE

If classification(s) assigned to a particular exposure is being disputed, all of the following is required:

- Narrative explanation of dispute
- If a construction risk, detailed job cost payroll for the exposure and contracts to support the payrolls in question

OTHER

If any other basis for your dispute, all of the following is required:

- Detailed explanation of dispute
- Contact information (if applicable)

Attach the required supporting documentation to this form and send to: audits@fallslakeins.com

Stonewood Insurance

Falls Lake National Insurance

www.fallslakeins.com