



Policy #: _____ Audit Term: _____

Insured: _____

I would like to request that the carrier reopen the premium audit for the above policy.

It is my intention to comply with the audit by providing the requested information and documentation to the auditor in a timely manner.

Please contact me/my representative at:

Name _____

Phone _____ Phone _____

E-mail _____

I understand that the requirements of my policy include compliance with a premium audit at expiration.

I understand that failure to comply with this premium audit could result in the final audit payrolls being estimated (which will include a substantial surcharge) and/or the cancellation/non-renewal of current policy.

Insured Signature

Title

Date