



## NOTICE OF AUDIT DISPUTE

Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Reason for dispute** (check appropriate box(s) and provide supporting documentation)

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### Officer Issues

☐ Officer(s) should have been excluded  
(Must provide name(s), copy of exemption(s) valid during policy period and copy of officer(s) payroll records)

☐ Officer(s) should have been included  
(Must provide name(s), copy of officer(s) payroll records)

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### Subcontractor/Independent Contractor Issues

☐ Subcontractor/Independent have their own workers compensation insurance  
(Must provide name(s) and copy of certificate(s))

☐ Subcontractor/Independent has a valid state exemption  
(Must provide name(s) and copy of exemptions(s))

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### Classification Issues

☐ Employee(s) were misclassified  
(Must provide name(s), detailed job description and payroll records)

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### Payroll Issues

☐ Audit payroll does not match payroll records  
(Must provide copy of payroll records)  
(Example of payroll records: payroll register, general ledger, payroll journal, State Unemployment Filings, etc)

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☐ Other

Attach a separate sheet to elaborate on any of the above issues and remember to include your supporting documentation.

Your signature/title: \_\_\_\_\_

RETURN TO: [audits@methodinsurance.com](mailto:audits@methodinsurance.com)