



Audit Worksheet Release Form

Follow these steps:

1. Fill out all the fields. The policyholder must sign the form.
2. Send form to:

Kentucky Employers' Mutual
Insurance P.O. Box 125000
Lexington, KY 40583-2500

Fax: (859) 389-3999
E-mail: audit@kemi.com

The undersigned grants permission to KEMI to release a copy of the audit worksheets to the insured's agent/broker.

The undersigned, by signing this Audit Worksheet Release Form, represents that he/she has the authority to grant such permission to permit the release of copies of audit worksheets to the insured's agent/broker.

It is further understood that this release form will remain in effect for the duration of the insured's policy with KEMI until such time that: 1) an agent of record change has been completed or 2) a written request to rescind this authorization has been provided to KEMI.

Policyholder Name: _____

Policy Number: _____

Effective Date of Policy: _____

Agent Name: _____

Agent Email: _____

Policyholder Signature: _____

Print Name: _____

Title: _____

Date: _____