



# Premium Audit Revision Request

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

Policy Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Email \_\_\_\_\_

If you do not agree with the audit, identify the basis of the review and provide the necessary documentation to support the revision within 30 days of the final audit summary date. **While the request is under review, you must continue to submit payments.**

## Detailed Explanation for Revision Request

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### Possible documentation to provide to support revision request

#### Employee Classification

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

#### Uninsured Subcontractors or Contract Labor

- Name of subcontractor/contractor
- Written contracts in place
- Detailed description of work completed
- Certificate of Workers' Compensation Insurance or completed KEMI Independent Contractor Questionnaire

#### Payroll

- Payroll documentation

Please send this completed form and supporting documentation to [audit@kemi.com](mailto:audit@kemi.com) or fax to 859-389-3999. You may also mail the form to 250 West Main Street, Suite 900  
ATTN: Premium Audit Department, Lexington, KY 40507-1724.