



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

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

Payroll

- Payroll documentation

Please send this completed form and supporting documentation to audit@kemi.com or fax to 859-389-3999. You may also mail the form to P.O. Box 12500
ATTN: Premium Audit Department, Lexington, KY 40583-2500.