

PREMIUM AUDIT DISPUTE REQUIREMENTS

DATE SUBMITTED

COMPLETE THE FOLLOWING CONTACT INFORMATION

Policyholder Name: _____
 Policy Number: _____
 Address: _____

 Contact Name: _____
 Contact Phone Number: _____

PRINT THIS FORM, ATTACH TO REQUIRED SUPPORTING DOCUMENTATION & FAX OR MAIL TO:
**CHESAPEAKE EMPLOYERS INSURANCE
 AUDIT DISPUTE RESOLUTION**
 8722 LOCH RAVEN BLVD
 TOWSON, MD 21286
 FAX: 410-494-2497

If you do not agree with our audit and would like to contest it, please review the following requirements and provide the necessary supporting documentation, **within 30 days of the audit invoice date**. Disputes with supporting documentation received within 30 days of the audit invoice date will be resolved within 14 days of receipt of the required records. If the dispute and required documentation are not received within 30 days, we will presume you are in agreement with the audit.

NOTE! While the prior term audit dispute is under review, to maintain coverage and avoid cancellation you must continue to submit payments due on the current policy term.

IDENTIFY THE BASIS OF DISPUTE AND SUBMIT THE REQUIRED INFORMATION AS NOTED BELOW:

EMPLOYEE CLASSIFICATION

If classification of employees is being disputed, all of the following is required

- Employees' name(s)
- Job titles
- Description of job functions
- Detailed wages of the employees' in question
- Supporting documentation for employees' wages

UNINSURED SUBCONTRACTORS OR LABORERS

If the inclusion of Uninsured Subcontractors or Labors is being disputed, all of the following is required

- Subcontractor's/laborer's name
- All available documentation for those subcontractors/laborers
 - a) Certificates of Worker's Compensation insurance
 - b) Certificates of General Liability Insurance
 - c) Copy of contractor's business license
 - d) Written subcontract in place for each job conducted by the subcontractor

- e) A Signed copy of the Sole Proprietor's Status as a Covered Employee Form (Available at the Maryland Workers' Compensation Commission website: http://www.wcc.state.md.us/pdf/pdf_forms/inclusion.pdf)

OUTSIDE TRUCKERS

If the inclusion of Outside Truckers is being disputed, all of the following is required

- Copy of commercial auto policy including list of vehicles and drivers
- Copy of Permanent or Trip Lease Agreement for each specific trucker
- Copy of agreement that reflects the payment of rental commission
- A signed copy of the Sole Proprietor's Status as a Covered Employee Form (Available at the Maryland Workers' Compensation Commission website: http://www.wcc.state.md.us/pdf/pdf_forms/inclusion.pdf)

Note: If the trucker in question owns multiple trucks and has employees or uses outside labor to drive those trucks, they are required to carry Workers Compensation coverage.

EXPOSURE

If the classification(s) assigned to a particular exposure is being disputed, all of the following is required

- Narrative explanation of the dispute
- If a construction risk, detailed job cost payroll for the exposure in dispute and contracts to support the payrolls in question.

OTHER

If any other basis for your dispute, all of the following is required

- Detailed explanation
- Supporting payroll
- Contract information (if a construction risk and applicable)

Upon receipt of this dispute, we will send an acknowledgement to you and to your agent (if applicable).