

# PREMIUM AUDIT DISPUTE REQUIREMENTS

DATE SUBMITTED

## COMPLETE THE FOLLOWING CONTACT INFORMATION

Policyholder Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

PRINT THIS FORM, ATTACH TO REQUIRED SUPPORTING DOCUMENTATION AND SEND TO:  
**CHESAPEAKE EMPLOYERS INSURANCE  
 AUDIT DISPUTE RESOLUTION**  
 8722 LOCH RAVEN BLVD  
 TOWSON, MD 21286  
 FAX: 888-361-0579  
 YOU MAY ALSO SEND ALL CORRESPONDENCE TO  
[AUDITDISPUTES@CEIWC.COM](mailto:AUDITDISPUTES@CEIWC.COM)

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.

**IMPORTANT! 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.**

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

**EMPLOYEE CLASSIFICATION OR EXPOSURE**

If classification of employees is being disputed, or if the classification 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.
- 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 Laborers is being disputed, **ALL** of the following is required

- Subcontractor's/laborer's name
- All available documentation for those subcontractors/laborers
  - a) Certificates of Workers' 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

**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

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.

**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)
- Additional supporting documents may be requested for review

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