

[Your Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Carrier Name]  
[Attn: Audit/Claims Department]  
[Address]  
[City, State, Zip Code]

**RE: Formal Request for Claims Data Audit and Experience Modifier Reduction**

Policy Number: [Your Policy Number]

Policy Period: [Policy Dates]

To Whom It May Concern,

I am writing to formally request a review and audit of the claims data used to calculate our current Experience Modification Rate (EMR). Upon reviewing our internal records and the recent experience rating worksheet, we believe there are inaccuracies that have resulted in an inflated modifier.

Specifically, we request an audit of the following items:

- **Closed Claims:** Verification of claims that have been closed for less than the originally reserved amount.
- **Subrogation Recovery:** Confirmation that all recovered funds from third parties have been properly credited to our loss history.
- **Incorrectly Categorized Claims:** Review of claims that may have been misclassified or attributed to the wrong policy year.
- **Valuation Errors:** Adjustment of any claims where the actual paid amounts are significantly lower than the values reported to the rating bureau.

We request that you provide a revised loss run report and, if discrepancies are found, file the necessary corrections with the [State Rating Bureau/NCCI] to ensure our EMR is adjusted downward to reflect our actual loss experience.

Please acknowledge receipt of this request and provide an estimated timeline for the completion of this audit. Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Your Name]  
[Your Title]