

[Insurance Company Name]
[Audit Department Address]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

RE: Workers Compensation Premium Audit

Policy Number: [Policy Number]

Audit Period: [Start Date] to [End Date]

Dear [Policyholder Name],

To ensure your Workers Compensation premium accurately reflects your business operations, we are conducting a routine audit for the policy period listed above. As an independent artisan contractor, this audit is a standard requirement of your insurance contract.

Please provide the following documentation for the audit period:

- **Payroll Records:** Gross wages for all employees, including bonuses and commissions.
- **Subcontractor Records:** A list of all subcontractors hired, the amounts paid to each, and their Certificates of Insurance (COI).
- **Tax Documentation:** Copies of State Unemployment Tax reports or Federal Form 941s.
- **Business Records:** General ledger, cash disbursements journal, or check register.
- **Owner Information:** Clarification on whether owners/officers are included or excluded from coverage.

Submission Method:

Please submit these documents by [Due Date] via one of the following methods:

- **Online Portal:** [URL Link]
- **Email:** [Email Address]
- **Mail:** Use the address listed at the top of this letter.

Failure to provide this information may result in an estimated premium increase or policy cancellation. If you have any questions, please contact your audit representative at [Phone Number].

Sincerely,

[Audit Representative Name]
Premium Audit Department