FUBA
WORKERS' COMP

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Post Office Box 1303
Tallahassee, FL 32302
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PAYROLL VERIFICATION AUDIT
RE-OPEN FORM

I agree to make available all records necessary for the auditor to conduct a payroll verification audit to determine the audited premium for the workers' compensation policy listed below.

I understand that because the auditor was not given access to the required records during the prior audit, my policy will be charged $500 under section 440.381(5), Florida Statutes, and my policy will be issued a Notice of Cancellation.

Policy Number: _____

Business Name: _____

Contact Person: _____

Phone Numbers: _____
Business Phone Cell Phone

Fax Number: _____

Email address: _____

Location of where the payroll audit needs to be conducted:

_____

_____

_____

_____ _____
Print Name Title

_____ _____
Signature Date

Please email this form to fubaaudit@fubaworks.com or fax to 850-205-7741.