



888-262-4483
FAX 888-871-7474

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Tallahassee, FL 32302
FUBAWorkersComp.com

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: _____

Officer Name: _____

Audit Contact: _____

Phone Numbers: _____

Business Phone

Cell Phone

Email Address: _____

Fax Number: _____

Location of where the payroll audit needs to be conducted:

Print Name

Title

Signature

Date

Please email this form to fubawc@fubaworks.com or fax to 888-871-7474.

Por favor, póngase en contacto con nuestra oficina al 888-262-4483 y pida un intérprete de español para asistencia completando el formulario.