

# Dispute Form



## AUDITS CANNOT BE DISPUTED BY PHONE!

If you feel this audit is incorrect, please complete the following form and attach the supporting documentation.

Disputes without documentation are not valid and will not be accepted.

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Policy # \_\_\_\_\_

Policy Dates: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Reason(s) for the Dispute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### THE SUPPORTING DOCUMENTATION I HAVE INCLUDED TO SUPPORT THE DISPUTE:

- :: Certificate of Insurance for Workers' Compensation
- :: 941's
- :: 1099's
- :: Profit & Loss
- :: General Ledger
- :: Copies of ALL checks written during policy period
- :: Other: \_\_\_\_\_

Due to the high volume of phone calls we are experiencing, phone calls to dispute audits will not be returned.

You can obtain a blank Self-Reporting Audit form by visiting our website: [www.lciwc.com](http://www.lciwc.com)

Click on **Forms and Publications** at the top and then select **Self-Reporting Audit Form**.

Sincerely,  
LC&I Audit Department