



OFFICE OF INSURANCE REGULATION
Property & Casualty Forms and Rates

STATEMENT OF INDIVIDUAL PROVIDING AUDIT INFORMATION
(Other than Partner, Sole Proprietor or Corporate Officer)

Name of Insurance Carrier: _____

Name of Individual or Business Conducting the Audit: _____
(If other than an employee of the Insurance Company)

Name of Insured: _____

Policy Number: _____ **Policy Period From:** _____ **to** _____

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I attest that I am authorized by the insured shown above, to provide to the auditor(s) referenced above, all records that relate to this policy. These records include, but are not limited to ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. I have provided the auditor with the scope of operation of the insured, employee classifications, employee duties/job descriptions, information relating to payments to subcontractors and independent contractors and all other information requested for the purpose of completing this audit, with the exception of:

which, I did not provide because:

I understand that it is a felony for any person to knowingly make any false, fraudulent, or misleading oral or written statement, or to knowingly omit or conceal material information for the purpose of avoiding, delaying, or diminishing the amount of payment of any workers' compensation premiums.

Individual's Printed Name

Title

Signature *(Attach copy of proof of identification)*

Date