AUDITOR'S STATEMENT

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** _____

AUDITOR'S STATEMENT

I attest that I am authorized by the above named insurance carrier to examine the records of this insured, to perform a physical onsite inspection if necessary and to gather any and all other pertinent information to ensure that the appropriate premium is charged for the workers' compensation policy referenced above.

Auditor's Printed Name	**Title**
Signature *(Attach copy of proof of identification)*	**Date**