

# Clear Spring Audit Dispute Form



Policy Number:  Phone Number:

Your Name (print):  Title:

Insured Name (print):  Email:

Please complete the following worksheet to indicate the items you wish to dispute.  
Check the appropriate box(es) and provide supporting information and documentation.  
Please email this form and all supporting documentation to: [cswcaudits@btisinc.com](mailto:cswcaudits@btisinc.com)

## OFFICER ISSUES:

- Officer(s) should have been excluded  
Must provide name(s), copy of exemption(s) valid during policy period, and copy of officer(s) payroll records
  
- Officer(s) should have been included  
Must provide name(s), copy of officer(s) payroll records

## PAYROLL ISSUES:

- Audit payroll does not match payroll records.  
Must provide copy of payroll records

Provide an explanation:

## CLASSIFICATION ISSUES:

- Employee(s) were misclassified  
Must provide name(s) and payroll records  
Must provide time card

Provide an explanation and detailed job description:

**SUBCONTRACTOR ISSUES:**

- Subcontractor has their own Workers Compensation insurance  
Must provide name(s) and copy of certificate(s) for the subcontractor(s)

Provide an explanation:

- Subcontractor payroll is incorrect  
Must provide name(s) and copies of the checks paid to the subcontractor, or a ledger showing all payments

Provide an explanation:

Signature

Date