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PREMIUM AUDIT REVIEW REQUEST FORM

*Policyholder Name

*Policy Number

*Policy Period

*Contact Name

*Contact Phone Number

*Contact E-mail:

*Submit Date

Check here if request is being submitted by agent

*Agency and Agent Name

If you do not agree with the audit findings, please complete this form and submit with the necessary supporting documentation to audit@newmexicomutual.com. Documentation is required for review of any disputed findings. Please be as specific as possible, including details on disputed class codes, payrolls, or individual workers as appropriate. The information should be provided within 30 days of the Premium Audit Worksheet date. If your policy is currently pending cancellation, completing this form does not stop the policy from being cancelled.

Note: While your request is under review, you must submit payments for any undisputed amounts due on the Premium Audit Worksheet and due on your current policy period to maintain effective coverage and avoid cancellation. Making payment(s) toward the audit balance due does not prevent the final audit from being revised, if warranted.

*Reason for the dispute:

Documentation to Support the Dispute (Select all that apply):

- Certificate(s) of Insurance for workers' compensation in-force during the audit period
- Federal 941s
- State Quarterly Reports (e.g. New Mexico ES903A's)
- 1099s with Form 1096
- Profit & Loss Statement
- Check Register/Cash Disbursement Journal
- Federal Schedule C
- Other (Please describe):