Dispute Application

Dear Valued Insured,
Please complete this form if you are disputing your audit bill. You may mail this form to the Premium Audit Dispute Coordinator, P. O. Box 723099, Atlanta GA 31139-0099; fax it to 678.309.4359 or email it to audits@bldrs.com. All disputes must be made in writing with details of the specific area(s) of dispute; supporting documentation must be included *before* the account will be placed in dispute status (Note: this formal dispute must occur prior to the Balance Due Date printed on the final audit bill). A formal confirmation will follow. Please allow 30 days for proper handling and resolution of your request.

Policy Information: Please provide all of the following information and sign the form as indicated:

Policy Number: _____

Policy Term: _____

Company Name: _____

Type of Business: _____

Address: _____

FEIN: _____

Phone: _____

E-mail: _____

Contact: _____

Signature: _____ Date: _____

Reason for Dispute: Please tell us the reason for and amount of the dispute, and, if applicable, identify the supporting documentation being provided plus any verification to support the disputed audit information:

If you have any questions or need further assistance please call us at **678.309.4000** or toll free **1.800.883.9305.**

For questions regarding the previously paid amount: Contact the Premium Accounting Department at ext. 2003.

Sincerely,
Premium Audit Department - Builders