

**FUBA WORKERS' COMP
FINAL AUDIT REOPEN FORM
Fax: 850-205-7741 or 888-871-7474**

I, _____, hereby certify that the payroll records are now prepared to be audited and we are now willing to comply with the audit. I understand that my audit will be reopened by FUBA Workers' Comp.

Policy #: 106- _ _ _ _ _

Policy Year: _____

Business Name: _____

Phone Number: (_____) _____

Cell Number: (_____) _____

Fax Number: (_____) _____

Email address: _____

Location of where the audit needs to be conducted:

Insured's Signature

Date

If you do not comply with the reopened audit then the following action will be taken:

An active policy will be issued cancellation again with no chance of reinstatement. After the policy terminates if you then wish to comply with our audit, you will be charged a \$500.00 reopen penalty in accordance with Section 440.381(8), F.S.