



# Audit Worksheet Release Form

Follow these steps:

1. Fill out all the fields. The policyholder must sign the form.
2. Send form to:

Kentucky Employers' Mutual  
Insurance P.O. Box 12500  
Lexington, KY 40583-2500

Fax: (859) 389-3999  
E-mail: [audit@kemi.com](mailto:audit@kemi.com)

The undersigned grants permission to KEMI to release a copy of the audit worksheets to the insured's agent/broker.

The undersigned, by signing this Audit Worksheet Release Form, represents that he/she has the authority to grant such permission to permit the release of copies of audit worksheets to the insured's agent/broker.

It is further understood that this release form will remain in effect for the duration of the insured's policy with KEMI until such time that: 1) an agent of record change has been completed or 2) a written request to rescind this authorization has been provided to KEMI.

Policyholder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Policy: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Email: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_