

Email:

## North Carolina Rate Bureau Company Contact Form

Please complete the information below to assist us in distribution of circulars, reports, etc. to members of your company.

NAIC Group Code NAIC Group Name (If Company is in a group, please show the group information)

NAIC Code	Insurance Company Name (s)	NCCI Code

		NCRB		
Contact Name:		Qtrly Assessment Bill*△	Proxy Forms*	
Title:		Workers Compensation	Notifications	
Nailing Address:		<del></del>		
City:		Billing Invoices*∆	Notice of Assignment*	
State:	To Oada	Manage Policy Fines*	Manage Policy Email (Errors	
	Zip Code:	Unit Stat Fine*	Unit Stat Rejection	
Phone Number:	Fax Number:	Rating Worksheet	Underwriting EXR	
Email address:		Compliance Emails	Ownership Rulings*	
ribution Email:		Circulars	IDC Roles	
· · · · · · · · · · · · · · · · · · ·		Member	Annual Statements	
nove / Replace:		Automobile	Auto Expense Experience	
	No Longer w/Company (Retired - Left Company)	Property	Property Expense Experienc	
	Still with Company - Different Position	Work Comp	Installment Premium Charge	
······································	***************************************	NCRB		
Contact Name:		Qtrly Assessment Bill*△	Proxy Forms*	
Title:		Workers Compensation Notifications		
ailing Address:		Billing Invoices*△	Notice of Assignment*	
City:		Manage Policy Fines*	Manage Policy Email (Errors	
State:	Zip Code:	Unit Stat Fine*	Unit Stat Rejection	
Phone Number:	Fax Number:	Rating Worksheet	Underwriting EXR	
Email address:		Compliance Emails	Ownership Rulings*	
ribution Email:		Circulars	IDC Roles	
		Member	Annual Statements	
iove / Replace:		Automobile	Auto Expense Experience	
	No Longer w/Company (Retired - Left Company)	Property	Property Expense Experience	
		Work Comp	Installment Premium Charge	

Please return the completed form to: UpdateContactInfo@ncrb.org 2910 Sumner Boulevard, Raleigh, NC 27616 Phone: 919-783-9790

Date: