

February 3, 2015

CIRCULAR LETTER TO ALL MEMBER COMPANIES

Re: Revised Form NCRF-36

The North Carolina Reinsurance Facility has reviewed the process for assisting member companies with obtaining experience rating data for ceded policies subject to experience modification rating and is pleased to present an updated Form NCRF-36 "Request For Assistance in Experience Rating a Risk Ceded to the North Carolina Facility" reflecting changes designed to expedite the handling of these requests. This revised form is attached here as Attachment 1.

If you are the ceding carrier, please begin to use the revised Form NCRF-36 effective immediately. We are unable to assist with requests for rating data if you are not the current ceding carrier.

If you are a carrier who provided coverage during a prior term for a risk which is now ceded to the Facility, you will receive a letter from the Facility outlining our request for the experience rating data. Please note that per the Facility's Standard Practice Manual, Section 3, Rule P.1.c. (3) prior carriers are subject to a \$100 a day penalty for failing to provide this data to the Facility within thirty days of the request date.

Thank you for your assistance with this process. Please bring this information to the attention of your company personnel involved with experience rating modifications.

Sincerely,

Edith T. Davis

Chief Operating Officer

Reinsurance Facility

ETD:lad

RF-15-1

REQUEST FOR ASSISTANCE IN EXPERIENCE RATING A RISK CEDED TO THE
NORTH CAROLINA REINSURANCE FACILITY

TO: NORTH CAROLINA REINSURANCE FACILITY

The _____ hereby notifies the Reinsurance Facility
(Name of Ceding Company)
that the insured listed below appears to be eligible for experience rating and the company requests
the Reinsurance Facility's assistance in rating the risk.

Owner's Name: _____

Business Name/DBA _____

Business Address _____

Policy Number _____ Estimated Annual Premium \$ _____

Effective Date _____ Cession Date _____

During the past four years this insured was afforded insurance by the following companies:

<u>Policy Term</u> <u>Year</u>	<u>Insurance Company</u>	<u>Policy Number(s)</u>
20 ____	_____	_____
20 ____	_____	_____
20 ____	_____	_____
20 ____	_____	_____

Information should go back four full years.

* To expedite your request, please attach prior Declaration pages, if available, and complete this form in its entirety.