



# North Carolina Rate Bureau Contact Change Request

**Change Request Type:** Add  Delete  Change  (If changing contact, please indicate prior contact)

<b>NCRB Company Name</b>	<b>NAIC Code</b>

If Company is in a group, please show name of group and NAIC Group Code:

<b>Group Name</b>	<b>NAIC Group Code</b>

**• Circular Letter Notification:**

General  Auto  Property  Workers Compensation

Name :		
Title:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email address:		
<b>Prior Contact Name:</b>		

**• Quarterly Assessment Billing:**

**• Proxy Forms:**

Name:			Name:		
Title:			Title:		
Mailing Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone Number:	Fax No.:		Phone Number:	Fax No.:	
Email address:			Email Address:		
<b>Prior Contact Name:</b>			<b>Prior Contact Name:</b>		

**• Annual Statements & Insurance Expense Exhibits:**

Name:		
Title:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email address:		
<b>Prior Contact Name:</b>		

**• Expense Experience Data Calls: (for reporting state premium losses, expenses & installment premium charges)**

Automobile Expense Experience  Homeowners/Mobile Home Expense Experience   
 Dwelling Expense Experience  Installment Premium Charges

Name:		
Title:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email address:		
<b>Prior Contact Name:</b>		

• **Workers Compensation Billing Invoices (USR & Policy Fining)**

Name:		
Title:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email address:		
<b>Prior Contact Name:</b>		

• **Workers Compensation ManagePolicy Email Notifications (PT Error Reports)**

Name:		
Email address:		
<b>Prior Contact Name:</b>		

• **Workers Compensation Ratings Email Notifications**

Name:		
Email address:		
<b>Prior Contact Name:</b>		

• **Workers Compensation Unit Stat Rejection Email Notifications**

Name:		
Email address:		
<b>Prior Contact Name:</b>		

• **Workers Compensation Compliance Emails (Assigned Risk)**

Name:		
Email address:		
<b>Prior Contact Name:</b>		

• **Workers Compensation Notice of Assignment Emails (Assigned Risk)**

Name:		
Email address:		
<b>Prior Contact Name:</b>		

• **Other – Not listed above**

Description:		
Name:		
Title:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email address:		
<b>Prior Contact Name:</b>		

Please email completed form to [wcinfo@ncrb.org](mailto:wcinfo@ncrb.org)