



North Carolina Rate Bureau Contact Change Request

Clear Form

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

NCRB Company Name	NAIC Code

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

Group Name	NAIC Group Code

• Circular Letter Notification:

General Auto Property Workers Compensation

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

• Quarterly Assessment Billing:

• Proxy Forms:

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

• Annual Statements & Insurance Expense Exhibits:

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

• 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:		
Prior Contact Name:		

• **Workers Compensation Billing Invoices (Mailed)**

Name:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email address:

Prior Contact Name:

• **Workers Compensation ManagePolicy Fine Email Notifications**

Name:

Email address:

Prior Contact Name:

• **Workers Compensation UnitStat Fine Email Notifications**

Name:

Email address:

Prior Contact Name:

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

Name:

Email address:

Prior Contact Name:

• **Workers Compensation Ratings Email Notifications**

Name:

Email address:

Prior Contact Name:

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

Name:

Email address:

Prior Contact Name:

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

Name:

Email address:

Prior Contact Name:

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

Name:

Email address:

Prior Contact Name:

• **Other – Not listed above**

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

Please email completed form to wcinfo@ncrb.org

Print Form