

# FAX

Your Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact person's Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Website: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

Approximate annual workers' compensation premium: \$\_\_\_\_\_

Approximate number of employees: \_\_\_\_\_

Been a part of a merger or acquisition in the last 4 years? \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

*If possible please include a copy of your most recent NCCI Experience rating worksheet with your fax. You may request a free copy by calling NCCI at 800-622-4123 and choosing option 4 for experience rating.*