

## Experience Rating Request Letter

Please type the following letter on your letterhead, and the letter should be completed and signed by an officer or partner of the company. Your future individual Worker's Compensation experience modifications will be based on your Project work as well as your non-Project work. It will include only your experience. Other contractor's work on the Project will not affect your rating. This form must be completed and included with your enrollment Form A (Insurance Information & Cost Identification Worksheet).

NCCI  
Attn: Experience Modification Factor  
Address for the appropriate State's NCCI office

Re: Federal Employer I.D. # \_\_\_\_\_

This letter authorizes the Rating Bureau to release Workers' Compensation Experience Modification information to the following insurance company.

OCIP Workers' Compensation Carrier address

Signed \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_