



Indemnity Data Call—Business Exclusion Request Form

This form is a writable PDF document that can be updated. Electronically enter all required information for parts A and B below. Once completed, attach the form to an email and forward it to NCCI at:

data@ncci.com

Date Prepared	
Affiliate Group Name	
Affiliate Group Number	
Preparer's Contact Information	
Name	
Address	
Phone Number	
Email	

Part A

Document the nature and reason for all proposed exclusions. In addition, document the carriers (by carrier code) and states that are handled by each excluded business segment.

Excluded Business Segment	Carrier Codes Handled by Business Segment	States Handled by Business Segment	Reason for Exclusion

Part B

For each applicable carrier and state, provide an estimate of the percentage of paid losses handled by each excluded business segment.

Excluded Business Segment	Carrier Code	State	Percentage of Paid Losses Handled by the Business Segment