



## Indemnity Data Call—Reporting Contact Form

Each Indemnity Data Call affiliate group participant is required to identify a primary reporting contact for their NCCI Group Code.

For affiliate groups that have multiple NCCI Group Codes, a data reporting contact may be designated per NCCI Group Code, or a data reporting contact may be designated for more than one NCCI Group Code. For multiple reporting contacts under an affiliate group, separate contact forms are required.

**Example:** NCCI’s affiliation information for ABC Insurance shows three NCCI Group Codes under ABC’s affiliate group: Codes 11111, 11112, and 11113. ABC designates a data reporting contact for NCCI Group Code 11111 and a different data reporting contact for NCCI Group Codes 11112 and 11113. ABC submits a data reporting contact form for:

- NCCI Group Code 11111—and displays that code in the form
- NCCI Group Codes 11112 and 11113—and displays those codes in the form

Based on your affiliate group needs, complete a separate form for each designated data reporting contact, with all fields populated. The form must be completed by NCCI’s affiliate and not by a service provider such as a third party administrator.

The form is a writable PDF document that can be updated. Electronically enter all contact information below. Once completed, attach the form(s) to an email and forward it to NCCI at:

data@ncci.com

Row #	Contact Fields	Contact Information
1	First Name, Last Name	
2	Job Title	
3	Department	
4	Address Line 1	
5	Address Line 2	
6	City, State, Zip Code	
7	Email Address	
8	Telephone Number, Extension	
9	NCCI Contact ID (if available)	
10	All NCCI Group Code(s) Associated With Contact	
11	Company Name(s) Associated With NCCI Group Code(s)	
12	Carrier Code(s) Associated With NCCI Group Code(s)	