



CONFIRMATION OF COMPLETION OF NCCI'S SERVICING CARRIER PRECERTIFICATION TRAINING

I hereby confirm the following:

- 1) That I have completed NCCI's Servicing Carrier Precertification Training consisting of the five Precertification Training Modules, by viewing each and every one of the twelve video segments in their entirety;
- 2) That I have completed NCCI's Servicing Carrier Precertification Training on behalf of the below named Insurance Company (and its affiliates) for the purpose of becoming precertified as a potential Servicing Carrier for the National Workers Compensation Reinsurance Association (NWCRA) under NCCI's Workers Compensation Insurance Plan (WCIP);
- 3) That I am an officer and/or authorized employee of the Insurance Company and have authority to sign on its behalf; and
- 4) That the above statements are true and accurate to the best of my knowledge.

Insurance Company Name

Insurance Company's Authorized Representative / Printed Name

Title: _____

Signature: _____

Date: _____

Note: For purposes of Precertification, completion of all the Precertification Training Modules, and submission of this Confirmation of Completion of Servicing Carrier Precertification Training form, are required ***prior*** to attendance at NCCI's Residual Market Forum.

Complete this Confirmation of Completion of Servicing Carrier Precertification Training form by filling in the fields above and signing electronically. By electronically signing this Confirmation of Completion of NCCI's Servicing Carrier Precertification Training, you are declaring that the representations in the document are true and that your signature is genuine. You further acknowledge that by submitting an electronic signature, you are providing an electronic mark that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you. Upon completion of this Confirmation of Completion of Servicing Carrier Precertification Training form, submit it by email to scs_administrator@ncci.com.