

Letter of Authority

Note: Businesses in Idaho must provide authorization on their own stationery.

Policyholder Information

Business Name: _____

Business Address: _____

Business Phone: _____

Federal Employer Identification Number (FEIN) _____ Risk ID (if available) _____

Agent or Carrier Representative

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email Address: _____

I authorize the National Council on Compensation Insurance (NCCI) to release the following information directly to the above-referenced Policyholder's Representative. This authorization is valid for one year from the signature date. The representative listed is acting on our behalf regarding workers compensation insurance and requires this information. I agree that NCCI will have no liability releasing the information as requested.

Please check the applicable box(es):

- Future experience rating worksheet(s) [Rating Effective Date is not yet in effect as of the order date]
- Current experience rating worksheet(s) [Rating Effective Date is in effect on the order date]
- Prior years' experience rating worksheet(s)
- Risk History Report***
- All of the above

Policyholder Signature

Date

Printed Name: _____

Title: _____

*The **Risk History Report** provides up to five years of payroll and loss history, policy cancellation information, classifications codes, and policyholder name and address contained within NCCI records.