



Data Provider Profile

This form is to be completed by the carrier for each user authorized to submit electronic data files for the Carrier Group Code(s) below. If a Service Provider (TPA, MGA, or vendor) is reporting on a carrier's behalf, the Service Provider Attachment and Service Provider Data Tool Addendum must be executed as part of the carrier's affiliation agreement prior to the completion of the Data Provider Profile Form. **Note:** For Medical and Indemnity data, this form may be completed by a Service Provider.

Enter all contact information below. Once completed, attach the form(s) to an email and forward it to data@ncci.com.

Requestor Information

Name: _____ Title: _____ Phone: _____
Email Address: _____

Carrier Information:

Carrier Name(s)	NCCI Carrier Group Code	NCCI Carrier Code(s) (Associated With Carrier Group Code)

Request Type (Check all that apply)

- Certification
- Secure FTP Submissions
- Encrypted Submissions (GPG or PGP)

Data Type (Check all that apply)

- Policy
- Unit Statistical
- Experience Rating (ER) Split
- Detailed Claim Information (DCI)
- Medical Data Call
- Indemnity Data Call

Reporting Company Information—Please make selection: Carrier Service Provider

Company Name: _____
Business Mailing Address: _____
City, State, Zip Code: _____
If Service Provider, provide NCCI 7-digit Account Number: _____
Reporting Start Date: _____

User Information

Name: _____ **Title:** _____ **Phone:** _____

User Type: New User Existing User ID: _____

Email Address: _____

Business Mailing Address: _____

City, State, Zip Code: _____

Name: _____ **Title:** _____ **Phone:** _____

User Type: New User Existing User ID: _____

Email Address: _____

Business Mailing Address: _____

City, State, Zip Code: _____

Name: _____ **Title:** _____ **Phone:** _____

User Type: New User Existing User ID: _____

Email Address: _____

Business Mailing Address: _____

City, State, Zip Code: _____

(List additional companies/users on a separate page)