



**OPT-IN TO NCCI KENTUCKY POC SERVICES**

**Licensed Kentucky Carrier/Carriers**

<b>Carrier Name</b>	<b>Carrier FEIN</b>	<b>NCCI Carrier Code</b>	<b>Current Kentucky POC reporting method: Vendor, self, none (if applicable include vendor name)</b>

**Primary Contact Information for Initial Start Up:**

<b>Name</b>	<b>Phone Number</b>	<b>Extension</b>	<b>Email Address</b>

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

**Please attach the completed form to an e-mail and send to: [POCA@ncci.com](mailto:POCA@ncci.com).**