

## 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.