

## **North Carolina Reinsurance Facility Contact Form**

Please complete the information below to assist us in distribution of circulars, reports, etc. to members of your company.

NAIC Code

NCRF Code

Lead Company Insurance Company Name (s)

COMPANY CONTACT INFORMATION - Prior Contacts for single contact roles will be eliminated and replaced with any new information **NCRF Report Requests** Contact Name Account Activity\*△ Cession Acknowledgment\*△ Title Monthly Accounting\*△ Reg Recoupment Detail Rpt\* Mailing Address: FTP Technical\*△ Financial Statments\*△ City: K-1 Partnership\*△ Proxy Form\*△ State Zin Code Member Circular **Error Lists** Phone Number: **Audit Requests** Email address: Internal Control Questionnaire Claims Audit Distribution Email: Commercial Audit Private Passenger Audit Remove / Replace: Commercial Recoupment Private Passenger Recoupment No Longer w/Company (Retired - Left Company) Still with Company - Different Position **NCRF** Report Requests Contact Name: Account Activity\*△ Cession Acknowledgment\*△ Title: Monthly Accounting\*△ Req Recoupment Detail Rpt\* Mailing Address: FTP Technical\*△ Financial Statments\* City: K-1 Partnership\*△ Proxy Form\*△ State Zip Code Member Circular **Error Lists** Phone Number Fax Number **Audit Requests** Email address: Internal Control Questionnaire Claims Audit Distribution Email: Commercial Audit Private Passenger Audit Remove / Replace: Commercial Recoupment Private Passenger Recoupment No Longer w/Company (Retired - Left Company) Still with Company - Different Position Contact Legend:: Required role △ single contact roles will be eliminated and replaced Requestors **Email Address:** Date: Title:

Please return the completed form to: UpdateContactInfo@ncrb.org 2910 Sumner Boulevard, Raleigh, NC 27616 Phone: 919-783-9790 If more room required please use additional forms