Kentucky IAIABC POC Reporting Authorization Form

Please enroll the company/companies listed below in NCCI's Kentucky POC Reporting Services. NCCI Carrier Group Code: _____

Licensed Kentucky Carrier/Carriers

Carrier Name	Carrier FEIN	NCCI Carrier Code

Primary Contact Information for KY Proof of Coverage:

Name	Phone Number	Extension

Primary Contact E-Mail Address

_____

Authorized Signature

_____ _____

Title Date Signed

Please attach the completed form to an e-mail and send to: POCA@ncci.com

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